

## Nationality Details of a Person not a Party to a Grant Application Form

Applicant's Name	
Applicant's W Number	
Name of Irish	
national (on which	
your permission to	
remain in the State	
is based)	
Address of Person	
Consent of Person  I consent to providing	SUSI with the above information and for SUSI to
	on to verify details for the purpose of assessing the
	ed applicant's nationality under Section 14 of the ct 2011 and Regulation 5 of the Student
	2024. I understand that I can withdraw my
consent at any time.	•

Signature of Person (whose Irish
Nationality is to be considered)

Date:

Signature of Applicant

Date:

Should you wish to withdraw your consent please email sar@susi.ie and mark for the attention of the Compliance Officer. Please include the SUSI application number, your name and detail that you wish to withdraw your consent.