

ACKNOWLEDGMENT OF DEBT (AOD) AND REPAYMENT PLAN (STUDENTS WITH UNPAID FEES AND ANNUAL FAMILY INCOME UP TO R350 000)

IMPORTANT INFORMATION - Please read carefully

- 1. This form must be completed by all students with outstanding debt and are unable to register for the 2018 academic year due to unpaid fees and whose annual family income is up to R350 000.
- 2. Please ensure that the form is completed in full. Incomplete forms will not be considered.
- 3. You and the parent/guardian are requested to acknowledge that you understand that personal information will be requested and provided to third parties who will assist the University with verifying income and that your signature to the application constitutes express written consent.
- 4. Ensure that all parties complete and sign the relevant sections.

SECTION 1: PERSONAL INFORMATION OF STUDENT

1.1	SURNAME								
1.2	FULL NAMES AS PER ID Please provide certified copy of ID.								
1.3	CONTACT NUMBER						\top		
1.4	ALTERNATIVE NUMBER								
1.5	EMAIL ADDRESS								
1.6	PHYSICAL ADDRESS	•		-		•	•	•	
1.8	COMBINED ANNUAL FAMILY INCOME								
1.9	ID NUMBERS OF PARENTS / GUARDIANS								

STUDENT NUMBER:												
ID NUMBER:												

SECTION 2: ACKNOWLEDGEMENT OF DEBT

ID NUMBER:

2.1 Entered into between The University of Kwa-Zulu Natal (the creditor), represented by the Chief Finance Officer or delegated authority, and the debtor described below:

STU	DENT:												
Full	name	es: _											
Surr	name	: _											
ID N	lumb	er:					1						
If stu	udent	is not th	ne po	ayer, pl	ease co	mplete	e the fo	ollowing	g sectior	า:			
PAR	ENT /	GUARD	IAN ,	/ PAYER	!:								
Full	name	es: _											
Surname:													
ID N	lumb:	er:											
2.3	The f	acts co	ıusinç	g the d	ebt are	the stu	ıdent f		m citano t paid b				tuition
2.4					other rel les indel			ne cred	ditor in th	ne sum (of:		
R													
2.5	The o	debtor d	agree	es to po	y the o	utstanc	ding ar	nount i	n equal	monthly	y instalr	ments o	f:
R													
2.6	2.6 The payment/s must be paid directly to the creditor into the following bank account: Account name: University of KwaZulu-Natal Bank: Standard Bank of South Africa Account type: Current Account Account number: 053081072 Branch: 045426 Reference: Student Number (Very Important)												
2.7	2.7 No variation in terms of this agreement, novation, or cancellation by mutual consent shall be of any force or effect unless reduced to writing and signed by both the creditor and debtor.												
STUD	ENT NU	IMBER:											

SECTION 3: DECLARATION AND CONSENT

For and on behalf of UKZN

- 3.1 I/We, the undersigned, declare that all the information provided above is factually correct.
- 3.2 I/We understand that, in order for the University to consider my/our acknowledgement of debt and repayment plan, it will require certain personal information from me/us.
- 3.3 I/We also understand that my/our personal information will be provided to third parties who will assist the University with verifying my/our income and that my/our signature to this document constitutes express written consent.
- 3.4 I/We accept that any fraudulent information provided will automatically disqualify this application and may result in a case of fraud being pursued against me or the person standing as surety.
- 3.5 I/We have noted the documentation and information that has been requested.
- 3.6 I/We also confirm that I/we have read and hereby accept the terms and conditions of this consent.

 Signed at (place) _____ on this _____ of ____ 2018.

 Student

 Signed at (place) _____ on this _____ of ____ 2018.

 Parent / Guardian / Payer

 Signed at (place) _____ on this _____ of ____ 2018.

STUDENT NUMBER:													
ID NUMBER:													