

CENTRAL STUDENT RECORDS

College of Humanities
College of Health Sciences
Tel: (031) 260-7067
E-mail: Mofokengn@ukzn.ac.za
Office no 226
Second Floor

College of Law and Management Studies
College of Agriculture, Engineering & Sciences
Tel: (031) 260-7648
E-mail: Naickerka@ukzn.ac.za
Office No: 225
Second Floor

**M W MAKGOBA ADMIN. BUILDING
WESTVILLE CAMPUS**

APPLICATION FOR REPLACEMENT OF DEGREE/DIPLOMA CERTIFICATE

STUDENT NO:			
SURNAME:			TITLE:
FIRST NAMES:			
ID/PASSPORT NO:			
TEL.NO:		CELL NO:	
E-mail ADDRESS:			
DEGREE/DIPLOMA FOR WHICH CERTIFICATE REQUIRED (e.g. BA):			
Campus where you studied:			Year of completion:
Collect/Post (please indicate your choice with <input checked="" type="checkbox"/>)	COLLECT	POST	
If postage required please provide postal address:			
.....			
.....			
.....Postal Code.....			

Student Signature.....

Date.....

FOR OFFICE USE ONLY

		DATE	NAME	SIGNATURE	YES	NO
1	DEBTORS: All fees for above student are up to date					
2	CASHIERS: Fee of R315.00 per certificate received					

IMPORTANT INFORMATION:

1. Applications will be processed within 10 working days.
2. The process might take longer for students who graduated before 1989.
3. Any alterations/amendments to student particulars i.e. forenames or surname shall remain and re-printed as per graduation ceremony program. Such alterations/amendments are not done retrospectively.

Steps to complete application form [on or off campus]:

1. Fill in the form
2. Deposit money into the bank account (details below), or take the form to Student Debtors, pay at Cashiers and kindly return the forms to the Student Records Office.
3. Complete the attached affidavit and get it commissioned.
4. **Email the completed application form together with a certified copy of your ID or Passport and copy of deposit slip (email address below).**

NOTE:

- a) The fee of **R315-00** (*applicable for 2022 only*) per degree/diploma must accompany this application form. (See banking details below.)
- b) Students can apply for a maximum of 5 certificates at a cost of **R315-00** each.
- c) Please submit the following: Certified copy of ID; and Proof of payment slip.
- d) **Return completed form to: Central Student Records Office, MW Makgoba Admin Building, 2nd floor room 225 or 226 or email to Naickerka@ukzn.ac.za or Mofokengn@ukzn.ac.za**
- e) **BANKING DETAILS:**

KINDLY USE THE CORRECT BANKING DETAILS:

Local Students

Bank:	Standard Bank
Name:	University Of KwaZulu-Natal
Account number:	053080998
Branch Name:	Westville
Branch Code:	045426
Ref No. :	2188-30156 and your full names and surname.

Foreign Students

Bank:	Standard Bank
Name:	University Of KwaZulu-Natal
Account number:	053082826
Branch Name:	Westville
Branch Code:	045426
Ref No. :	2188-30156 and your full names and surname

Foreign Students must use the Swift Code: **SBZAJJ**

AFFIDAVIT

(You are requested to produce your ID Book when completing this affidavit)

I, Identity number:, the
(Print full names)

undersigned do hereby state that,

the reason(s) for which I wish to apply for a duplicate degree/diploma certificate from the University of
KwaZulu-Natal is/are the following:

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.....

.....
DEPONENT

I hereby certify that the Deponent has acknowledged that he/she knows and understands the contents of this affidavit, which was signed and sworn to before me at on this day of 2.....
The regulations contained in Government Notice No.R1258 of the 21st day of July 1972, as amended, having been complied with.

.....
COMMISSIONER OF OATHS

STAMP

FULL NAME:
OFFICE :
ADDRESS :