

UNIVERSITY OF KWAZULU-NATAL

This form is to be return to the University at any of the following campuses
Edgewood, Private Bag X03, Ashwood 3605. Howard College, Durban 4041.
Medical School Private Bag 7, Congella 4013. Pietermaritzburg, Private Bag X01, Scottsville 3209
Westville, Private Bag x 54001, Durban 4000

Surname: Student No:

First Name: CAO No:.....

ID No: Campus:

Degree/Diploma:

Address:

FIRM ACCEPTANCE OF OFFER - UNDERGRADUATE SOUTH AFRICAN

I, (full names), Identity Number

accept the offer of a place for a degree/diploma on the clear understanding that I have not been granted Financial Aid by the University of KwaZulu-Natal and acknowledge that my acceptance of offer does not in any way oblige the University to provide me with such financial assistance during my course of studies. I undertake to bind myself to the University of KwaZulu-Natal and agree to pay the University of KwaZulu-Natal, in full, all fees and other charges due and payable by me in terms of the applicable annual schedule of fees as described in the Student Fees booklet and any other miscellaneous charges. I further agree that I am bound by the terms and conditions contained in the Student Fees booklet, as updated from time to time, with which I shall familiarize myself and will continue to familiarize myself.

I understand and accept that unless the offer of a place in residence has been made to me, the University is not obliged to provide me with residence accommodation.

I understand and accept that I will not be permitted to register, or remain a registered student, if I should default on the payment of any funds due to the University of KwaZulu-Natal. Interest as prescribed by the National Credit Act of 2005, (currently 2% per month) will be charged on all outstanding amounts. I further understand and accept that my registration as a student is governed by the applicable legislation, and University Rules and Regulations as amended from time to time.

I enclose the completed Consent and Indemnity form and the R250.00 acceptance of offer deposit (see schedule of fees payable on page 2) in order to meet the requirements indicated in the covering letter. The deposit will be credited to my 2025 academic fee account on registration. By signing this form, I hereby understand and accept that this amount will NOT be refunded if I do not register.

Signature of Applicant: Date:

Address: Which above address shall be my domicilium citandi et executandi which address I may change provided written notice is given and which will only take effect upon receipt of such notice by the Registrar via the College.

ASSISTED BY ME: (To be completed where Applicant is a minor – (UNDER 18 YEARS)

Signature of Parent/Guardian:..... Date:

Address:

SURETYSHIP

NOTE: Unless otherwise agreed in writing by the University, the suretyship must be completed by the applicant’s parent or guardian.

I, the undersigned, parent/lawful guardian of the Applicant, do hereby bind myself to the University of KwaZulu-Natal as surety in solidium and co-principal debtor with the abovenamed applicant for the due payment of all fees and other charges due and payable to the University of KwaZulu-Natal in terms of the relevant applicable annual schedule of fees. This suretyship shall operate as a continuing covering suretyship for all debts incurred by the applicant and shall continue operating for the duration of study at the University until such time as the debts are discharged.

Full names of Surety/Parent/Guardian: Date:

Address:.....

Which address shall be my domicilium citandi et executandi which address I may change provided written notice is given and which will only take effect upon receipt of such notice by the Registrar via the College.

Signature of Surety/Parent/Guardian: Identity No..... Date:

COMMUNITY OF PROPERTY SURETY

If the parent/guardian is married in community of property, the following clause must be signed by his/her spouse:

I, the undersignedmarried in community of property to hereby consent to the above suretyship.

Date:..... Signature:.....

As Witnesses: Date:..... Signature:.....

Date:..... Signature:.....

NON ACCEPTANCE OF OFFER

Surname..... First Name:

Student No:

I **DO NOT** accept the offer of a place in**Degree/Diploma**

Please indicate with an "X" in the appropriate block your reason for not accepting the offer of a place at this University in 2025:

- | | |
|---|---|
| 1 <input type="checkbox"/> Financial | 5 <input type="checkbox"/> Cannot obtain Residence Accommodation |
| 2 <input type="checkbox"/> Attending another institution | 6 <input type="checkbox"/> Other (Please specify) |
| 3 <input type="checkbox"/> Personal | 7 <input type="checkbox"/> No reason |
| 4 <input type="checkbox"/> Accepted other UKZN choice | |

Signature of Applicant: Date:

For office use only:

Fee payment: Receipt no: Date:

..ITS data changed to: by: Date:

BANKING DETAILS- SOUTH AFRICAN

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Standard Bank

Name of Account: UKZN Student Deposit
(For all campuses: Edgewood, Howard College, Medical School, Pietermaritzburg & Westville)
Type of Account: Business Current Account
Bank Account Number: 05 308 1072
Branch: Westville
Branch Code: 045426
Reference Number: Student Number must be entered

To ensure that the payment is credited correctly, it is essential that the student's name (in block letters) and the correct student number are entered on a deposit slip and that a bank stamped copy, is faxed without delay together with your acceptance forms to the relevant College Office (see details on the Letter of Offer)

Payment may be made via Internet quoting student number under the "Beneficiary" reference. A bank stamped deposit slip must be produced in the case of a query.

***SCHEDULE OF FEES PAYABLE ON ACCEPTANCE OF OFFERS**

CATEGORIES OF STUDENTS	TYPE OF ACCEPTANCE DEPOSIT REQUIRED
Undergraduate	R250,00 (2024). Acceptance of Offer fee deducted from tuition fees at registration.