UNIVERSITY OF KWAZULU-NATAL

This form is to be returned 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. Pietermartizburg, Private Bag X01, Scottsville 3209
Westville, Private Bag x54001, Durban 4000

Surname:……Student No.:…….

First Name:…….....

Degree/Diploma/Programme:…….……

Address:……..

FIRM ACCEPTANCE OF OFFER – NO DEPOSIT REQUIRED
(Returning Students)

I, (full names) ……, Identity Number..... accept the offer of a place for a degree/diploma. **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 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.

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 <u>in writing</u> 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 above named 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 undersigned..... married in community of property to

…… hereby consent to the above suretyship..

Date:……. Signature:……..
As witnesses:

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

NON ACCEPTANCE OF OFFER

Student No: ……..

Surname: …… First Name: ……

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

Please indicate with an "X" in the appropriate block your reason for not accepting the offer of a place at this University in 2027:

1 □ Financial
2 □ Attending another institution
3 □ Personal
4 □ Accepted other UKZN choice
5 □ Cannot obtain Residence Accommodation
6 □ Other (Please specify)
7 □ No reason

Signature of Applicant: …… Date: ……..……