UNIVERSITY OF KWAZULU-NATAL ™
INYUVESI YAKWAZULU-NATALI

ACKNOWLEDGEMENT OF DEBT (AOD) AND REPAYMENT PLAN

IMPORTANT INFORMATION – *Please read carefully*

1. This form must be completed by all students with outstanding debt and who qualify for financial clearance in accordance with the available financial clearance concessions.

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.

5. Completed forms must be submitted via e-mail to Student Fees by **no later than 16h00 on 16 February 2024**. Requests to extend this closing date will NOT be entertained.

SECTION 1: PERSONAL INFORMATION OF STUDENT

1.1	**SURNAME**	
1.2	**FULL NAMES AS PER ID** Please provide copy	
1.3	**CONTACT NUMBER**	
1.4	**ALTERNATIVE NUMBER**	
1.5	**NON-UKZN EMAIL ADDRESS**	
1.6	**PHYSICAL ADDRESS**	
1.7	**COMBINED ANNUAL FAMILY INCOME** *To be verified by UKZN through an agency*	
1.8	**ID NUMBERS OF PARENTS / GUARDIANS**	

STUDENT NUMBER:

ID NUMBER:

SECTION 2: ACKNOWLEDGEMENT OF DEBT

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

STUDENT:

Full names: _____

Surname: _____

ID Number:

If student is not the payer, please complete the following section:

PAYER:

Full names: _____

Surname: _____

ID Number:

(hereafter referred to collectively as "the Debtor")

2.2 The address the debtor chooses as his/her domicilium citandi et executandi is:

_____

2.3 The facts causing the debt are the student fees not paid by the debtor for their tuition and/or residences and other related costs.

2.4 The debtor acknowledges indebtedness to the creditor in the sum of:

R							.		

2.5 The debtor agrees to pay the outstanding amount in monthly instalments (amount stated below) that will reduce the outstanding debt by at least 50% by 30 November 2024 and thereafter settle the outstanding debt on or before 30 November 2025:

R							.		

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 **Only** (Very Important)

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.

STUDENT NUMBER:

ID NUMBER:

SECTION 3: Data Privacy and Protection of Personal Information

The University is aware that it is subject to the Protection of Personal Information Act 4 of 2013, however please note that it also remains the student's responsibility to ensure that the requirements of the Protection of Personal Information Act 4 of 2013 are met and that the University of KwaZulu-Natal is at all times informed of the student's correct and current personal information. Please ensure that all of the personal information (inclusive of contact details) contained herein corresponds to student's personal information prior to the submission of this document as all communications from University will be made via the contact information provided.

SECTION 4: DECLARATION AND CONSENT

4.1 I/We, the undersigned, declare that all the information provided above is factually correct.

4.2 I/We accept that any incorrect information provided will automatically disqualify this application and will result in the student's registration being revoked and a case of fraud being pursued against me or the person standing as surety.

4.3 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.

4.4 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.

4.5 I/We consent that the University may hand over the information provided to an operator acting on behalf of the University, for collection (including tracing agents), in the case of non-payment.

4.6 I/We have noted the documentation and information that has been requested.

4.7 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_____2024.

_____

Student

Signed at (place)_____on this_____of_____2024

_____

Parent / Guardian / Payer

Signed at (place)_____on this_____of_____2024.

_____

For and on behalf of UKZN

STUDENT NUMBER:

ID NUMBER: