

ACKNOWLEDGEMENT OF DEBT FORM/SURETY FORM

A. SECTION TO BE COMPLETED BY THE PERSON & COMPANY RESPONSIBLE FOR FEES

Student Full Name:	Student Number:
Student ID Number:	

I, the undersigned,	
Identity Number	(hereinafter referred to as "the debtor")

- 1.
 I admit to being liable for the amount of R ______being the balance of student account

 _______as at (Date)......and an estimated amount of R ______being fees for the 20...

 academic year.

DETAILS OF PERSON RESPONSIBLE FOR FEES

FULL NAME	IDENTITYNUMBER:
CELLPHONE:	ALTERNATE CELLPHONE NUMBEBER
COMPANY NAME	Email Address:
Physical Address:	
Signature	

REQUIRED SUPPORTING DOCUMENTS:

- 1. Copy of Student Card
- 2. Copy of ID of Student
- 3. Copy of ID of Parent or Account Holder
- 4. Proof of Banking Details



AUTHORITY TO DEBIT ACCOUNT

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Nelson Mandela Drive • Mthatha • 5100 Private Bag X1 • Mthatha• 5117 Eastern Cape • Republic of South Africa Tel: (+27) 047 502 2285 / 2293

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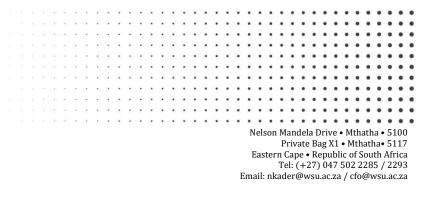
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USER/CREDITOR DETAILS									
To: (Name of Beneficiary)				t/ a					
Beneficiary's Address:									
Abbreviated Name as it wi	ll appear on	your bank st	atement:						
ACCOUNT HOLDER DETAILS									
Given by (Name of account	t holder)								
Address:									
ID Number:			Passport number:	Temporary Residence ID:					
			BANKIN	IG DETAILS	•				
Bank Name:				Branch Code:	Code:				
Account Number:				Account Type:					
			COLLECTION	N DATE DETAILS					
Debit Sequence Type		Recurrin	g. • Once-off	Collection Day (i.e., Day 26)					
Frequency (select the app	licable)		ly • Fortnightly • Mont	y • Monthly • Quarterly • Annually • Biannually •		Date Adjustment Rule: Yes			
			MANDATE TYP	E: Fixed Mandate					
Instalment Amount									
Maximum Amount									
Adjustment Category	Never								
First Collection Date (if required)			First Collection Amount (if required - i.e., an amount that is not the same as the instalment amount)						
This signed Authority and Mandate refers to our contract dated("the Agreement") I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our abovementioned account on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on and continuing until this Authority and Mandate is terminated by me/us. The individual payment instructions so authorised to be issued must be issued and delivered as follows i. on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due.			holiday, the payr business iii. If there are insuf obligation, you a instruction for pa I/We acknowledg party if the Agree the absence of s	holiday, the payment day will automatically be the very next ordinary business					
Signed at		on this	day of						
Signature as used for oper	rating on th	e account.							

FOR OFFICE USE AGREEMENT REFERENCE NUMBER

This agreement reference number is: _____





C. TERMS AND CONDITIONS

I acknowledge that signing an AOD (authority of debit) is not an exemption from paying the amounts due to the University.

- In the event of me failing to comply with my undertaking in terms of Section 57 of Act
 32 of 1944 (as amended), I hereby consent that University will instate collection
 procedures as per the University's policies. These include handing over the debt to Legal
 Debt collector.
- 2. I agree with the jurisdiction of the Magistrate Court for any dispute that may arise under this Acknowledgement of Debt.
- 3. I agree that, in the event of my failure to effect payments as set out above, I shall be liable for payment of any legal costs that may be incurred.
- 4. I further acknowledge and I understand that should the above arrangement not be up to date, the University may take one or more of the following actions:
 - a. Deregister the student.
 - b. Prevent the student from accessing academic results; or
 - c. Prohibit from writing the examination; or
 - d. Withheld my certificate or qualification.
- 5. No variation, alteration, amendment, modification, or cancellation of the Acknowledgement of Debt, Debit Order Arrangement with Bank or of the terms and conditions hereof shall be of any force or effect unless reduced to writing and signed by WSU (Creditor) and MYSELF (Debtor).

I.....(person responsible for fees) hereby accept the terms and conditions mentioned above.

Signature..... Date.....