



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")

- 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.
- I offer to pay the aforementioned capital to the university by means of Debit Order Arrangement of the amount of R _____. The number of instalment(s) Monthly Instalment Amount R..... Payment Date:..... The final payment Date:.....

DETAILS OF PERSON RESPONSIBLE FOR FEES

FULL NAME..... IDENTITYNUMBER:

CELLPHONE: ALTERNATE CELLPHONE NUMBEBER.....

COMPANY NAME..... Email Address:.....

Physical Address:

.....

Signature.....

REQUIRED SUPPORTING DOCUMENTS:

- Copy of Student Card
- Copy of ID of Student
- Copy of ID of Parent or Account Holder
- Proof of Banking Details

AUTHORITY TO DEBIT ACCOUNT

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

USER/CREDITOR DETAILS	
To: (Name of Beneficiary)	t/ a
Beneficiary's Address:	
Abbreviated Name as it will appear on your bank statement:	

ACCOUNT HOLDER DETAILS		
Given by (Name of account holder)		
Address:		
ID Number:	Passport number:	Temporary Residence ID:

BANKING DETAILS			
Bank Name:		Branch Code:	
Account Number:		Account Type:	

COLLECTION DATE DETAILS			
Debit Sequence Type	<input type="checkbox"/> Recurring. <input type="checkbox"/> Once-off	Collection Day (i.e., Day 26)	
Frequency (select the applicable)	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Biannually <input type="checkbox"/> Monthly by Rule (specify: _____)	Date Adjustment Rule:	Yes

MANDATE TYPE: Fixed Mandate		
Instalment Amount		
Maximum Amount		
Adjustment Category	<input type="checkbox"/> 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.

- ii. In the event that the payment day falls on a Sunday or recognized public holiday, the payment day will automatically be the very next ordinary business
- iii. If there are insufficient funds in the (my) nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available

I/We acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____

Signature as used for operating on the 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.

1. 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.....