

UNISA REFUND REQUEST - TO BE COMPLETED BY THE STUDENT

E-MAIL TO: finan@unisa.ac.za

FAX TO : 012 – 429 4150

NB: Refund will be processed within 15 business days from date of receipt of all compulsory documents.

STUDENT NUMBER: _____
TITLE & SURNAME:: _____

FULL NAMES: _____

CONTACT DETAILS:

CELL NO : _____
OFFICE NO : _____
EMAIL : _____

POSTAL ADDRESS:

REFUND AMOUNT REQUESTED:

R _____

REFUND METHOD:

- EFT (ELECTRONIC REFUND)** Please complete all Bank Account fields below

BRANCH CODE	_____
BANK NAME	_____
ACCOUNT NUMBER	_____
ACCOUNT HOLDER	_____
TYPE OF ACCOUNT	_____

COMPULSORY DOCUMENTS REQUIRED:

- COMPLETED AND SIGNED REFUND FORM
 PROOF OF PAYMENT
 CONFIRMATION OF BANKING DETAILS WITH AN OFFICIAL BANK STAMP (NATURAL PERSON/ COMPANY)
 ID COPY OF A NATURAL PERSON / THIRD PARTY

ADDITIONAL COMPULSORY DOCUMENTS FOR COMPANY OR SPONSOR REFUNDS:

- COMPANY REGISTRATION NUMBER FOR A COMPANY REFUND
 LETTER FROM A SPONSOR AUTHORISING A REFUND (STATING THE AMOUNT TO BE REFUNDED)

CONSENT IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT NO 4 OF 2013

I declare that all the personal information furnished by me on this form are true and correct, and I undertake to inform Unisa of any changes in my personal information. I undertake to comply with all the rules, regulations and decisions of the university and any amendments thereto and I have taken note of advice which may be applicable to students in general. I, as a student registered at Unisa or an applicant intending to study with Unisa, hereby consent that Unisa may collect, use, distribute, process my personal information for all required academic processes pertaining to my application or registration to study with Unisa, which may include, but is not limited to internal administrative processing; institutional and scholarly research; and funding submissions. I also consent that Unisa may share my personal information with the Matriculation Board and Admissions Committees, Higher Education South Africa, the Department of Higher Education and Training, the Council on Higher Education, the South African Qualifications Authority, other public higher education institutions, Qualification Verification Agencies, professional bodies, third parties rendering various services to the university and legal entities which may lawfully require such information for legal obligations and/or investigations. I understand that in terms of the Protection of Personal Information Act (POPIA) and other laws of the country, there are instances where my express consent is not necessary in order to permit the processing of personal information, which may be related to investigations, litigation or when personal information is publicly available. I will not hold the university responsible for any improper or unauthorised use of personal information that is beyond its reasonable control. I confirm that I have read the notice and understand the contents. **Note:** The nature of personal information collected can be viewed in the Personal Information Inventory Lists published on the Unisa webpage at www.unisa.ac.za

STUDENT SIGNATURE:

DATE:

FOR OFFICE USE ONLY:

CAPTURED BY: _____

DATE: _____

APPROVED BY: _____

DATE: _____

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