



**Student Number**

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2. Conditions to sign an Acknowledgment of Debt (hereinafter referred to as the AOD)
  - 2.1. The AOD form must be completed and signed by the student.
  - 2.2. Historic debt must be materially settled.
  - 2.3. Handed over debt to the debt collector must be settled.
  - 2.4. Students with historic debt will only be considered if they have passed 50% of their modules.
  - 2.5. Students applying for AOD must be temporarily registered (TP)
  - 2.6. Only students that have proof of income will be considered for an AOD. (Proof income may include a payslip/parental proof of income/household proof of income/bank statement.).
  - 2.7. Students that are **self-paying but assisted by third party**,
    - 2.7.1. Must obtain consent of the person/third party responsible for settling the student account for the university to verify their income and to process the application.
  - 2.8. A student that has not honoured a previous AOD and has outstanding fees must first settle the debt before an AOD for the 2024 academic year will be considered.
  - 2.9. The AOD is limited to South African students only, with the of exception foreign students who resides within South Africa. Such students must attach the following documents:
    - 2.9.1. Copy of passport/identification
    - 2.9.2. Valid permit to reside in South Africa
    - 2.9.3. Proof of income
    - 2.9.4. Proof of address
3. I hereby undertake to pay the full debt owing to Unisa in full as follows:

**2024 Registrations (January to Nov 2024) Arrangement**

**SEMESTER 1 AND YEAR MODULE ARRANMENT**

**SEMESTER 2 AND YEAR ARRANGEMENT**

Instalment	Month	Amount
1	January 2024	
2	February 2024	
3	March 2024	
4	April 2024	
5	May 2024	
6	June 2024	

Instalment	Month	Amount
1	July 2024	
2	August 2024	
3	September 2024	
4	October 2024	
5	November 2024	

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**4. Subject to the following conditions:**

4.1. All payments must be made into the following account:

Bank: FNB (First National Bank)

Beneficiary: UNISA Students Deposits

Account number: Select Unisa Student Deposit on the list of pre-approved Public Beneficiaries:

Reference: XXXXXXXX 3128374764 (Your student number on the first eight spaces (If student number is only seven digits long then put a 0 in front of the number, then leave one space open and put 3128374764).

4.2. Should the debt not be settled on the date as indicated above, the full outstanding balance will be handed over for debt collection and I shall be responsible for all collection fees and attorney expenses.

4.3. Should the debt not be settled on the date as indicated above, the full outstanding balance will immediately become due and payable, and I hereby further confirm that I am aware that my personal details could be listed at any credit bureau with the result that by credit record may be adversely affected in cases of non-payment.

4.4. I agree that should the debt not be settled on the due date that Unisa may refuse to release my examination results and may suspend all other services.

5. I hereby waive the benefits of legal exceptions, non numeratae pecuniae, non-causa debiti, errore calculi, review of statements of account and no value received, the working and effect of which I hereby admit I am fully acquainted with.

6. I hereby consent to the Jurisdiction of the Magistrates Court in Pretoria in respect to any legal proceedings arising from this document.

7. I hereby choose as my domicilium citandi et executandi for all purposes of this document and further legal proceedings, any one of the addresses mentioned above.

8. I agree that this acknowledgement of debt is a new course of action, and I hereby consent thereto that default judgment or an Emolument attachment order may be taken against me in the original action, notwithstanding the terms and conditions of this acknowledgement.

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9. I hereby consent UNISA to verify my income because I am responsible for the study fee account.

Self-Paying Student  Parent  Guardian  Spouse

Initials & Surname \_\_\_\_\_

ID Number 

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10. I hereby indemnify Unisa against any claims that I may have against UNISA, and I hereby release Unisa from all claims and demands whatsoever I now have or at any time heretofore had against Unisa.
11. I understand that for the university to consider my request, it will require certain personal information from me.
12. I also understand that my personal information will be provided to third parties who will assist the university with verifying my household income and that my signature to this document constitutes express written consent.

**13. 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, Department of Home Affairs, 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 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](http://www.unisa.ac.za)

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**14. Contact Numbers of Person Responsible for the Student Debt:**

**Self-Paying Student:** \_\_\_\_\_

**Parents** \_\_\_\_\_

**Guardian** \_\_\_\_\_

**Spouse** \_\_\_\_\_

SIGNED AT	PRINT NAME	SIGNATURE	DATE

Email forms and supporting documents to: [Uclfinance@unisa.ac.za](mailto:Uclfinance@unisa.ac.za)