

E-MAIL TO	STUDENTS REFUND REQUEST - To D: finan@unisa.ac.za nd will be processed within 21 busin	FAX TO : 012 -	<u> </u>		
STUDENT NUMBER: FULL NAMES:					
TITLE & SURNAME:					
			E-Mail:		
Account Holder's Home address:			Bank's physical address		
					
REFUND AMOUNT REQUESTED: R					
REFUND METHOD:					
☐ EFT (ELECTRONIC REFUND)Please complete all Bank Account fields below for EFT refund					
	BANK NAME				
	SWIFT CODE				
	SORT CODE				
	IBAN/ACCOUNT NUMBER				
	ACCOUNT HOLDER				
COMPULSORY DOCUMENTS REQUIRED:					
COMPLETED AND SIGNED REFUND FORM					
	□ PROOF OF PAYMENT				
☐ CONFIRMATION OF BANKING DETAILS WITH AN OFFICIAL BANK STAMP (NATURAL PERSON/ COMPANY)					
□ PASSPORT 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) 					
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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					
amendment	ts thereto and I have taken note of a	dvice which mav	be applicable to students in general. I, as a student registered at L	Jnisa	
or an applic	ant intending to study with Unisa, he	reby consent that	t Unisa may collect, use, distribute, process my personal information	on 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 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 <u>www.unisa.ac.za</u>					
STUDENT	SIGNATURE:		DATE:		
FOR OFFIC	CE USE ONLY:				
CAPTURE	D BY:		DATE:		
APPROVE	D BY:		DATE: University of South Proller Street Mucklepouls Ridge City of Tele	thouse.	
			University of South	Africa	