

<b>FOREIGN STUDENTS REFUND REQUEST - TO BE COMPLETED BY THE STUDENT</b>											
<i>E-MAIL TO: <a href="mailto:finan@unisa.ac.za">finan@unisa.ac.za</a> FAX TO : 012 – 429 4150</i>											
<b>NB: Refund will be processed within 21 business days from date of receipt of all compulsory documents.</b>											
<b>STUDENT NUMBER:</b> _____ <b>TITLE &amp; SURNAME:</b> _____	<b>FULL NAMES:</b> _____  <b>E-Mail:</b> _____										
<b>Account Holder's Home address:</b> _____ _____ _____	<b>Bank's physical address</b> _____ _____ _____										
<b>REFUND AMOUNT REQUESTED: R</b> _____											
<b>REFUND METHOD:</b> <input type="checkbox"/> <b>EFT (ELECTRONIC REFUND) Please complete all Bank Account fields below for EFT refund</b>											
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"><b>BANK NAME</b></td> <td>_____</td> </tr> <tr> <td><b>SWIFT CODE</b></td> <td>_____</td> </tr> <tr> <td><b>SORT CODE</b></td> <td>_____</td> </tr> <tr> <td><b>IBAN/ACCOUNT NUMBER</b></td> <td>_____</td> </tr> <tr> <td><b>ACCOUNT HOLDER</b></td> <td>_____</td> </tr> </table>	<b>BANK NAME</b>	_____	<b>SWIFT CODE</b>	_____	<b>SORT CODE</b>	_____	<b>IBAN/ACCOUNT NUMBER</b>	_____	<b>ACCOUNT HOLDER</b>	_____
<b>BANK NAME</b>	_____										
<b>SWIFT CODE</b>	_____										
<b>SORT CODE</b>	_____										
<b>IBAN/ACCOUNT NUMBER</b>	_____										
<b>ACCOUNT HOLDER</b>	_____										
<b>COMPULSORY DOCUMENTS REQUIRED:</b> <input type="checkbox"/> <b>COMPLETED AND SIGNED REFUND FORM</b> <input type="checkbox"/> <b>PROOF OF PAYMENT</b> <input type="checkbox"/> <b>CONFIRMATION OF BANKING DETAILS WITH AN OFFICIAL BANK STAMP (NATURAL PERSON/ COMPANY)</b> <input type="checkbox"/> <b>PASSPORT COPY OF A NATURAL PERSON / THIRD PARTY</b>											
<b>ADDITIONAL COMPULSORY DOCUMENTS FOR COMPANY OR SPONSOR REFUNDS:</b> <input type="checkbox"/> <b>COMPANY REGISTRATION NUMBER FOR A COMPANY REFUND</b> <input type="checkbox"/> <b>LETTER FROM A SPONSOR AUTHORIZING A REFUND (STATING THE AMOUNT TO BE REFUNDED)</b>											
<b>STUDENT SIGNATURE:</b> _____	<b>DATE:</b> _____										
<b>FOR OFFICE USE ONLY:</b>											
<b>CAPTURED BY:</b> _____	<b>DATE:</b> _____										
<b>APPROVED BY:</b> _____	<b>DATE:</b> _____										

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

I declare that all the particulars furnished by me on this form are true and correct. 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 that may be applicable to students in general. I, as a student registered with Unisa or an applicant intending to study with Unisa, hereby consent that Unisa may collect, use, distribute, process and communicate my personal information for all required academic processes pertaining to my application/registration to study with Unisa, which may include, but is not limited to, internal administrative processing, institutional and scholarly research, funding submissions, processing by 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 and third parties rendering communication facility on behalf of the university. I understand that in terms of POPI 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 thereof.

