

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 AUTHORIZING A REFUND (STATING THE AMOUNT TO BE REFUNDED)

STUDENT SIGNATURE:

DATE:

FOR OFFICE USE ONLY:

CAPTURED BY: _____

DATE: _____

APPROVED BY: _____

DATE: _____

