**AoD Form (Family income above R350 000)** **Page 1 of 3**

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**ACKNOWLEDGMENT OF DEBT (AOD) AND REPAYMENT PLAN**

**(STUDENTS WITH UNPAID FEES AND ANNUAL FAMILY INCOME ABOVE R350 000)**

**IMPORTANT INFORMATION – *Please read carefully***

1. This form must be completed by all students with outstanding debt and are unable to register for the 2018 academic year due to unpaid fees and whose annual family income is above R350 000.
2. Please ensure that the form is completed in full. Incomplete forms will not be considered.
3. You and the payer (if applicable) are requested to acknowledge that you understand that personal information will be requested and provided to third parties who will assist the University with verifying income and that your signature to the application constitutes express written consent.
4. Ensure that all parties complete and sign the relevant sections.
5. **Once the required payment has been made please submit the proof of payment to the fees office. The financial hold will only be lifted once the amount paid is reflected on the University’s bank account which may take between 3 to 5 working days.**

**SECTION 1: PERSONAL INFORMATION OF STUDENT**

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| **1.1** | **SURNAME** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **FULL NAMES AS PER ID** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **1.2** | Please provide certified |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **1.3** | **CONTACT NUMBER** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.4** | **ALTERNATIVE NUMBER** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.5** | **EMAIL ADDRESS** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **PHYSICAL ADDRESS** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **1.8** | **COMBINED ANNUAL** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **FAMILY INCOME** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.9** | **ID NUMBERS OF** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **PARENTS / GUARDIANS** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**STUDENT NUMBER:**

**ID NUMBER:**

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**SECTION 2: ACKNOWLEDGEMENT OF DEBT**

2.1 Entered into between The University of Kwa-Zulu Natal (the creditor), represented by the

Chief Finance Officer or delegated authority, and the debtor described below:

**STUDENT:**

Full names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID Number:

If student is not the payer, please complete the following section:

**PAYER:**

Full names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID Number:

(hereafter referred to collectively as “the Debtor”)

2.2 The address the debtor chooses as his/her domicilium citandi et executandi is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.3 The facts causing the debt are the student fees not paid by the debtor for their tuition and/or residences and other related costs.

2.4 The debtor acknowledges indebtedness to the creditor in the sum of:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **R** |  |  |  |  |  |  | . |  |  |

2.5 The debtor agrees to pay the outstanding amount as follows:

2.5.1 Initial lumpsum payment to be made prior to being registered for 2018 (65% of the outstanding debt limited to a maximum amount of R30 000 if registering for tuition only and

R60 000 if registering for tuition and residence):

|  |  |  |  |  |  |  |  |  |  |
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| **R** |  |  |  |  |  |  | . |  |  |

2.5.2 Seven equal monthly instalments from 1 February 2018 to 31 August 2018) of:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **R** |  |  |  |  |  |  | . |  |  |

2.6 The payment/s must be paid directly to the creditor into the following bank account:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Account name: |  | University of KwaZulu-Natal |  |  |
| Bank: |  | Standard Bank of South Africa |  |  |
| Account type: |  | Current Account |  |  |
| Account number: | 053081072 |  |  |  |  |  |  |  |  |  |  |  |  |
| Branch: | 045426 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Reference: |  | Student Number (Very Important) |  |  |
| **STUDENT NUMBER:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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2.7 No variation in terms of this agreement, novation, or cancellation by mutual consent shall be of any force or effect unless reduced to writing and signed by both the creditor and debtor.

**SECTION 3: DECLARATION AND CONSENT**

3.1 I/We, the undersigned, declare that all the information provided above is factually correct.

3.2 I/We understand that, in order for the University to consider my/our acknowledgement of debt and repayment plan, it will require certain personal information from me/us.

3.3 I/We also understand that my/our personal information will be provided to third parties who will assist the University with verifying my/our income and that my/our signature to this document constitutes express written consent.

3.4 I/We accept that any fraudulent information provided will automatically disqualify this application and may result in a case of fraud being pursued against me or the person standing as surety.

3.5 I/We have noted the documentation and information that has been requested.

3.6 I/We also confirm that I/we have read and hereby accept the terms and conditions of this consent.

Signed at (place)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this \_\_\_\_\_\_\_of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2018.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student**

Signed at (place)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this \_\_\_\_\_\_\_of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2018.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent / Guardian / Payer**

Signed at (place)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this \_\_\_\_\_\_\_of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2018.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For and on behalf of UKZN**

**STUDENT NUMBER:**

**ID NUMBER:**