UNISA university of south africa

ACKNOWLEDGEMENT OF AND ARRANGEMENT TO PAY DEBT (EXCLUDING NSFAS STUDENT)

STUDENT NO: _____

I, the undersigned, _____(full name and surname),

of _____(home address),

(postal address) _____(work address), _____

Home tel no: _____

ID no: _____

Work tel no: _____

Cell no: _____

E-mail: _____

declare as follows:

1. I hereby acknowledge that I am truly and lawfully indebted to **the University of South Africa (UNISA)** for the sum of **R** _____ (_____ **RAND) ("the Debt")** as on the date of signing this acknowledgement in respect of my enrolment, registration or studies at Unisa and any other matter incidental thereto during the **2020** academic year for the qualification _____

2. 2.1 Are you responsible for paying your study fees?

YES	NO

2.2.1 Are you currently employed?

YES	NO

2.2.2 Name of employer/company

_____

2.2 Person responsible for your account (parent / guardian / spouse)

_____

2.2.1 Is he/she currently employed?

YES	NO

2.2.2 Name of employer/company

_____

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 429 12 429 4150
www.unisa.ac.za

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3. Conditions to sign an Acknowledgement of Debt (hereinafter referred to as the AOD) for semester 1, 2 and year modules for 2020?

3.1 The AOD form must be completed and **signed** by the student.
3.2 Historic debt must be settled.
3.3 Students applying for AOD must be **temporarily registered** (TP)
3.4 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.)
3.5 Students that **don't have income must obtain the consent of the person responsible for settling the student account** in order for the university to verify their income.
3.6 A student that has **not honoured a previous AOD** and has outstanding fees must first **settle the debt** before an AOD for the 2020 academic year will be considered.
3.7 The AOD is **limited to South African** students only, with the exception of a foreign student who resides within South Africa. Such students must attach the following documents:
- Copy of passport/identification
- Valid permit to reside in South Africa
- Proof of income
- Proof of address

3.8 First-time students not approved by NSFAS will be considered, provided that they comply with the above conditions.

4. I hereby undertake to pay the full debt owing to Unisa in full as follows:

Semester 1 and Year module Arrangement Semester 2 Arrangement

Installment	Month	Amount		Installment	Month	Amount
1	Jan 2020			7	July 2020	
2	Feb 2020			8	Aug 2020	
3	March 2020			9	Sept 2020	
4	April 2020			10	Oct 2020	
5	May 2020			11	Nov 2020	
6	June 2020			12	Dec 2020	

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 5400374721 (*Your student number on the first eight spaces (If your student number is only seven digits long then put a 0 in front of the number, then leave one space open and put 5400374721)*

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.

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5. 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.

6. 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.

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

8. 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.

9. 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.

10. 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(s) _____

11. 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.

12. I understand that in order for the university to consider my request, it will require certain personal information from me.

13. 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.

14. Contact numbers:

Father: Cell no: _____

Mother: Cell no: _____

Legal Guardian: Cell no: _____

Spouse: Cell no: _____

SIGNED AT_____ **on the** _____**day of** _____**20**____

SIGNATURE: _____ **WITNESS:**_____

Email forms and supporting documents to:
enquire@unisa.ac.za