Student Number

2024 Semester 2

Acknowledgement of Debt and Arrangement to Pay for Self-Paying Students

Student Number	
I, the undersigned Name and Surname	
ID Number	
E-mail address	
Home Address	
Work Address	
Cell phone number	

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 2024 academic year for the qualification.

2.

2.1 Are you responsible for paying your study fees? Yes ☐ No ☐

2.1.1 Are you currently employed? Yes ☐ No ☐

2.1.2 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_____

3. Conditions to sign an Acknowledgement of Debt (hereinafter referred to as the AOD) for semester 2 of 2024.

3.1 The AOD form is only for **Self-Paying** students.

The AOD form must be completed and signed by the student accompanied by:

- Proof of income (payslip/bank statement)
- Identity document
- Proof of address

3.2 Completed forms with attachments are to be sent **only** by email to finan@unisa.ac.za, manual submission is prohibited, and the application will not be processed.

3.3 Historic debt must be materially settled.

3.4 Handed over debt to the debt collector must be settled.

3.5 The AOD application will not be considered if the modules to be registered are not in a TP status.

3.6 When you submit your AOD application the subject line should reflect your student number and 2024 AOD application e.g. "**12345678 2024 AOD application".**

3.7 Student number must be reflected at the top of all pages of an AOD form.

3.8 The AOD form must be fully completed and **signed** by the student.

3.9 The AOD form must be submitted with all the required attachments.

3.10 The student must ensure that modules intended to be registered are **temporarily registered** (TP) status, temporary registered on the UNISA system prior to submission of an AOD form.

3.11 Incomplete forms will not be considered.

3.12 NSFAS students will not be considered as they must follow NSFAS processes.

3.13 A student that has not honoured a previous AOD arrangement and with outstanding fees must first settle the debt before AOD for the 2024 academic year will be considered.

3.14 Only students that have proof of income will be considered for an AOD application.

3.14.1 Proof of income may include e.g.

3.14.2 Pay slip.

3.14.3 Parental proof of income

3.14.4 Household proof of income

3.14.5 Bank statement

3.15 Students that are self-paying but assisted by third party,

3.15.1 Must obtain the consent of the person/third party responsible for settling the student account for the university to verify their income and process the application.

3.15.2 Registering for their first qualification must submit their application for NSFAS reference number/SMS/letter from NSFAS.

3.15.3 Previously not funded by NSFAS for their completed qualification must submit their application for NSFAS reference number/SMS/letter from NSFAS.

3.15.4 Application will not be processed without the submission of NSFAS application reference number/SMS/letter from NSFAS.

3.16 Students that **do not have income must obtain the consent of the person responsible for settling the student account** for the university to verify their income to process the application.

3.17 AOD does not apply to South African students residing outside South Africa.

3.18 The AOD application is **limited to South African** students only, except for foreign students who reside 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

3.19 First-time students without outstanding fees and not approved by NSFAS will be considered, provided they comply with the above conditions.

3.20 The last date to consider registration by AOD.

- Semester 2 registration is 19 July 2024.

4. Late submission will not be considered.

Student Number

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

2024 Semester 2 (July to December 2024) Arrangement

Instalment	Month	Amount
1	**July 2024**	
2	**August 2024**	
3	**September 2024**	
4	**October 2024**	
5	**November 2024**	
6	**December 2024**	

Subject to the following conditions:

a. 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)

b. 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.

c. 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.

d. 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.

Student Number

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 / Passport number

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 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 h o u s e h o l d income and that my signature to this document constitutes express written consent.

14. 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 amendments thereto and I have taken note of advice which may be applicable to students in general. I, as a student registered at Unisa or an applicant intending to study with Unisa, hereby consent that Unisa may collect, use, distribute, process my personal information 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 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 unauthorized 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 www.unisa.ac.za

15. Contact numbers:

Father:_____Cell no: _____

Mother:_____Cell no: _____

Legal Guardian:_____Cell no:_____

Spouse:_____Cell no: _____

Signed at	Print name	Signature	Date

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