Student Number

UNISA university of south africa

2025 Semester 2
Acknowledgement of Debt and Arrangement to Pay for Self-Paying Students

Student Number 5	1 1 6. 2. 2. 4. 5
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 2025 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 2025.

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 and handed over debt must be settled.**

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

3.5 When submitting the AOD application, the subject line should reflect your student number and 2025 AOD application e.g. "**12345678 2025 AOD application".**

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

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

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

3.9 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.

3.10 Incomplete forms will not be considered.

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

3.12 A student that has not honored the previous AOD arrangement and with outstanding fees must first settle the debt before AOD for the 2025 academic year will be considered.

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

3.13.1 Proof of income, **not older than 3 months** may include e.g.

3.13.2 Pay slip.

3.13.3 Parental proof of income

3.13.4 Household proof of income

3.13.5 Bank statement

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

3.14.1 Must obtain the consent of the person/third party responsible for settling the student account so that the university can verify their income and process the application.

3.14.2 NSFAS qualifying students registering for their first qualification must submit a reference number/SMS/letter from NSFAS.

3.14.3 NSFAS qualifying students' application will not be processed without the submission of NSFAS application reference number/SMS/letter from NSFAS.

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

3.16 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

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

3.18 **The last date to consider registration by AOD.**

- Semester 2 registration is **29 July 2025.**

4. Late submission will not be considered.

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

2025 Semester 2 (July to December 2025) Payment Arrangement

Instalment	Month	Amount
1	**July 2025**	
2	**August 2025**	
3	**September 2025**	
4	**October 2025**	
5	**November 2025**	

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 my 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 (money not received), non-causa debiti, errore calculi (no reason for a debt, calculation error), 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 (address for service of legal notices and execution) 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.

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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	name	Signature	

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