

Payment form for Web registration (NOT credit card payments):

Please note that payment must be received before the appropriate closing date for your registration to be processed. The payment form must be downloaded, printed, signed and either faxed or mailed to:

The Registrar (Academic)
P O Box 392
Unisa
0003
South Africa

Fax: 012-429 4150
+27 12 429 4150 (International)

| | | | |
|------------------------|--|-------------|----------------------|
| Student number: | <input type="text"/> | Birth date: | <input type="text"/> |
| Surname: | <input type="text"/> | Full names: | <input type="text"/> |
| Title: | <input type="text"/> | Degree: | <input type="text"/> |
| Postal Address: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| E-mail Address: | <input type="text"/> | | |
| Home Phone: | <input type="text"/> | Cell Phone: | <input type="text"/> |
| Method of Payment: | EFT (internet bank transfer) <input type="checkbox"/> | | |
| | Postal order <input type="checkbox"/> | | |
| | Money order <input type="checkbox"/> | | |
| | Bank draft <input type="checkbox"/> | | |
| | TMO <input type="checkbox"/> | | |
| | Standard Bank deposit <input type="checkbox"/> | | |
| Study fees: | <input type="text"/> | | |
| Matric exemption fees: | <input type="text"/> | | |
| TOTAL Amount: | <input type="text"/> | | |
| | <input type="text"/> | | |

DECLARATION AND UNDERTAKING: I declare that all the particulars furnished by me on this form are true and correct, and I undertake to comply with the rules, regulations and decisions of the University, and any amendments thereto, and have taken note of advice which are applicable to students in general and/or to the field of study for which I am registered.

Date:..... Signature:.....