

1. This form must be completed by all students with outstanding debt and who qualify for financial clearance in accordance with the available financial clearance concessions.
2. Please ensure that the form is completed in full. Incomplete forms will not be considered.
3. You and the person(s) who are responsible for payment of your fees 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 on this form constitutes express written consent.
4. Ensure that all parties complete and sign the relevant sections.
5. Completed forms must be submitted via <https://freshdeskportal.ukzn.ac.za/> to Student Fees by **no later than 16h00 on 06 February 2026**. Requests to extend this closing date will NOT be entertained.

[illegible]

STUDENT NUMBER:								

[illegible]

[illegible]

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: Data Privacy and Protection of Personal Information

The University is aware that it is subject to the Protection of Personal Information Act 4 of 2013, however please note that it also remains the student's responsibility to ensure that the requirements of the Protection of Personal Information Act 4 of 2013 are met and that the University of KwaZulu-Natal is at all times informed of the student's correct and current personal information. Please ensure that all of the personal information (inclusive of contact details) contained herein corresponds to student's personal information prior to the submission of this document as all communications from University will be made via the contact information provided.

## SECTION 4: DECLARATION AND CONSENT

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

4.2 I/We accept that any incorrect information provided will automatically disqualify this application and will result in the student's registration being revoked and a case of fraud being pursued against me or the person standing as surety.

4.3 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.

4.4 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.

4.5 I/We consent that the University may hand over the information provided to an operator acting on behalf of the University, for collection (including tracing agents), in the case of non-payment.

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

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

STUDENT NUMBER:

STUDENT NUMBER:								

ID NUMBER:

[illegible]

Signed at (place) \_\_\_\_\_ on this \_\_\_\_\_ of \_\_\_\_\_ 2026.

Student

Signed at (place) \_\_\_\_\_ on this \_\_\_\_\_ of \_\_\_\_\_ 2026.

Parent / Guardian / Payer

Signed at (place) \_\_\_\_\_ on this \_\_\_\_\_ of \_\_\_\_\_ 2026.

For and on behalf of UKZN

**STUDENT NUMBER:**

STUDENT NUMBER.								

ID NUMBER:

[illegible]