ACCEPTANCE OF OFFER FORM 20



THE REGISTRAR Private Bag X1001 **KWADLANGEZWA** 3886 South Africa

Kwa-Dlangezwa Campus: +27 035 902 6030/6718

Fax: +27 035 902 6033

Email: Admissions@unizulu.ac.za

Richards Bay Campus: +27 035 902 6950/6923

Fax: +27 035 902 6027

Email: MziziM@unizulu.ac.za Private Bag X1041, Richards Bay, 3900

Website: www.unizulu.ac.za

RETURN TO THE UNIVERSITY OF ZULULAND BY POST, FAX OR EMAIL - SEE DETAILS ABOVE

Surname					
First Names					
CAO Number				Student Number	
Address (Physical)				Address (Postal)	
'					
Address (next of kin):				Address (To which account must be posted):	
Name of Qualification					
Disability : Yes No					
If Yes Provide Details					
I, (Surname) (First				First names)	
(ID number) accept the offer to study at the University of Zululand. I clearly understand that my acceptance does not in any way oblige the University to offer me financial support or student accommodation. I fully undertake to pay all monies as may be required and due.					
I understand that I will not be permitted to register without paying the minimum prescribed fee and that my registration is governed by University rules which may change from time to time.					
Signature of applicant				Date	
Signature of witness or parent/guardian (if under 18 years) Date:					
BANK: ABSA BANK DETAILS					

ACCOUNT NUMBER: 1880 0000 51

BRANCH CODE: 632005

AMOUNT: R300.00

REFERENCE NUMBER: (STUDENT NUMBER that is in your firm/conditional offer letter)

Remember to attach proof of deposit to this form

FACULTY ENQUIRIES

Faculty of Arts: (035) 902 6548/6036 **Faculty of Education:** (035) 902 6355/6035

Richards Bay Campus Enquiries: (035) 902 6950/6923

Faculty of Commerce, Administration And Law: (035) 902 6172/6659

Faculty of Science and Agriculture: (035) 9026282/6548