Registration Contract Amendment Form

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Amendment to Payment Details

Complete this form if you need to update your payment terms, change fee payer details, or add or amend debit order information related to your Registration Contract.

Please make sure that you include all of the required information/documentation with your application.

NOTE: If all the required information/documentation is not provided, your application may be negatively impacted.

Date Request Submitted: D D M M Y Y Y Y

1. STUDENT INFORMATION

Student Number: S T

Campus:

Student's First Name & Surname:

Qualification:

Core Discipline (If applicable):

Phone Number:

2. CORE DISCIPLINE

Would you like to update your payment term selection? ◯ Yes ◯ No

If **yes**, provide the details below:

Current Payment Term	New Payment Term
Please select	Please select

Payment options available:

- **Contact (Campus) Students:** Full settlement or 10-month payment plan
- **Distance (Online) Students:** Full settlement, 6-month payment plan or 10-month payment plan

If clarity is required on the amended financial implications as a result of the above amendments a Fee Quotation may be generated by clicking here.

3. UPDATE OR CHANGE FEE PAYER DETAILS

Would you like to update your Fee Payer details? ◯ Yes ◯ No

If **yes**, provide the details below:

Module Code	Current Fee Payer Details	New Fee Payer Details
Name		
Address (Line 1)		
Address (Line 2)		
City		
Postal Code		
Phone Number		
Email Address		

4. ADD OR AMEND DEBIT ORDER INFORMATION

Do you wish to add a Debit Order/ amend an existing Debit Order? ◯ Yes ◯ No

If **yes**, provide the details below:

4.1. Current Debit Order (if applicable)

Account Holder Full Names and Surname:

Bank Name: Branch Code:

Account Name:

Account Number:

Account Type: ◯ Cheque ◯ Savings ◯ Transmission

Debit Order Date: ◯ 1 ◯ 15 ◯ 25 Debit Order Amount: R

4.2. New Debit Order

Account Holder Full Names and Surname:

Bank Name: Branch Code:

Account Name:

Account Number:

Account Type: ◯ Cheque ◯ Savings ◯ Transmission

Debit Order Date: ◯ 1 ◯ 15 ◯ 25 Debit Order Amount: R

Please note that a copy of the Fee Payers ID and Proof of Banking details (not older than 3 months) must be included with this request.

5. AUTHORISATION FOR CHANGES TO CONTRACT

By signing this document, I/We:

☐ request and authorise the amendments indicated above to be made to the Registration Contract.

☐ acknowledge that these amendments supersede any and all previous amendments requested or made to this section of the contract.

☐ understand that these amendments may result in consequential changes to the agreement (for example, changes to fees and/or mode of delivery), and that such changes will take effect with this request. I, the student, confirm that I have consulted with the Fee Payer, and that the Fee Payer is aware of and accepts the changes to the contract and any associated fees.

☐ confirm that I/we have the authority to submit this request and to bind the relevant parties to these amendments.

Fee Payer:

Full Name: _____

ID Number: _____

Signature: _____

Date: _____

Student:

Full Name: _____

ID Number: _____

Signature: _____

Date: _____