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DETAILS OF SA BANK ACCOUNT

STELLENBOSCH CAMPUS: INTERNATIONAL FULL DEGREE STUDENTS

Complete this form:																							
1. STUDENT NUMBER:												ı				ı	_		ı				
2. SURNAME AND INITIALS:																							
3. TITLE (Prof/Dr/Mr/Ms etc.)																							
4. DETAILS OF BANK/FINANCIAL IN NAME OF BANK: NAME/ADDRESS OF BRANCH: TYPE OF ACCOUNT: (MARK WITH X) CHECOUNT HOLDER RELATIONS (MARK WITH X) ACCOUNT NUMBER: BANK BRANCH CODE:	QUE	UTI				NGS				D C	REI	DIT			ACO D P/		TEC						
ACCOUNT HOLDER'S NAME:																							
(The account number must be certified cheque.)	by the	e ba	ink (OR	pro	oof o	of th	ne a	ccou	unt i	num	ber	mu	st be	e att	tach	ied e	eg.	a ca	nce	lled		
SIGNATURE OF ACCOUNT HOLDER														D	PΑΤ	Ε							
CER1											TIT(UTI	ON										
SIGNATURE FOR FINANCIAL INSTITUTION											DATE STAMP												