

	Address:			
UT Number / ID Number				
	Date:			
	Dale.			
Human Resources Division Stellenbosch University Private Bag X1 MATIELAND 7602				
ACCEPTANCE OF APPOINTMENT				
I.		, the undersigned acknowledge		

that	l:	
•	accept the appointment as	in the
	Division/Department/Faculty	
	with effect from (dd/mmm/yyyy),	

- understand the full implications of the composition of my cost of employment,
- have received and read, and accept the attached documentation,
- deem myself bound to all the conditions of employment, acts, codes and procedures as well as the regulations of the University.

SIGNATURE

NAME