

Stellenbosch University

Department/Student Residence/Student Society: ……………..……………………..

Private Bag X1

Matieland

7602

Date: ……………………………..

Company/Supplier Address:

………………………………….

…………………………………..

…………………………………..

………………………………….

**Deposit / Pre Payment**

As the University of Stellenbosch does not pay in advance for services not yet rendered or goods not yet received, we the department/student residence/student society, confirms that we are aware of the risk that accompanies the payment of a deposit/pre payment and that we indemnify Stellenbosch University/Financial Services Department against any liability that may arise from non-delivery on the part of the company/supplier.

**Reason for payment:**

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**Signed on behalf of the department/student residence/student society**

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**Department/student residence/student society**

**.......................................................**

**Position**

**.........................................................**

**Date**