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DETAILS OF SA BANK ACCOUNT

STELLENBOSCH CAMPUS: NON-DEGREE-SEEKING STUDENTS

Complete this form:								1														
1. STUDENT NUMBER:										1		1		1	1	1			1	1	1	
2. SURNAME AND INITIALS:																						
3. TITLE (Prof/Dr/Mr/Ms etc.)																						
4. DETAILS OF BANK/FINANCIAL INST NAME OF BANK:	ITU	ΓΙΟΙ	N:																			
NAME/ADDRESS OF BRANCH:																						
TYPE OF ACCOUNT: (MARK WITH X) CHEQUI	E		SA	AVII	NGS	3		NO	ОС	RE	DIT	CA	RD	AC	EP	TE	<u> </u>					
ACCOUNT HOLDER RELATIONSHIP: (MARK WITH X) JOINT OWN THIR										D P	ART	Υ										
ACCOUNT NUMBER:																						
BANK BRANCH CODE:												1		1		1					1	
ACCOUNT HOLDER'S NAME:																						
(The account number must be certified by cheque.)	the k	oank	OF	R pro	oof o	of th	ie a	CCOL	unt I	num	nber	· mu	ıst b	e at	tacł	ned	eg.	a ca	ance	elled	I	
SIGNATURE OF ACCOUNT HOLDER													DATE									
CERTIF	ICA	TIO	N B	BY F	=IN,	4 <i>N</i> (CIA	L II	VS:	TIT	UTI	O٨	1									
It is hereby certified that account num	ber	stat	ed a	abc	ove	is c	orre	ect.														
SIGNATURE FOR FINANCIAL INSTITUTION											DATE STAMP											