



**UNIVERSITY OF
ZULULAND**

RESTRUCTURED FOR RELEVANCE

APPLICANT INFORMATION

THE REGISTRAR
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CHANGE OF SURNAME, ADDRESS, EMAIL ADDRESS AND/OR CONTACT NUMBERS

Surname and Full Names					
Student Number					
Qualification					
DETAILS TO BE CHANGED					
Old Contact Number			New Contact Number		
Title	Mr	Ms	Mrs	Dr	Prof
Previous Surname					
New Surname					
Old ID/Passport Number					
New ID/Passport Number					
New Email Address					
Old Postal Address			New Postal Address		
Old Study Address			New Study Address		
Old Physical Address			New Physical Address		

YOU ARE KINDLY REQUESTED TO ATTACH YOUR CERTIFIED ID COPY AND/OR MARRIAGE CERTIFICATE (IF AVAILABLE)

I, _____ (Name and Surname) the undersigned, declare that all the information supplied is true and correct and the University shall not be held liable for any omission or error.

SIGNATURE _____ DATE _____