

Private Bag X1001, KwaDlangezwa 3886, KwaZulu-Natal, South Africa www.unizulu.ac.za

## REQUEST FOR DIGITAL LEARNING DEVICES AND STUDENT ACKNOWLEDGEMENT OF DEBT FOR UNIVERSITIES

FULL NAME(S) & SURNAME:	
SOUTH AFRICAN NATIONAL ID:	
STUDENT NUMBER:	
MOBILE NUMBER:	
DATA MOBILE NUMBER (This is the number where Data will be loaded)	
DATA MOBILE NETWORK (MTN, Vodacom, Cell C, etc.)	
PHYSICAL ADDRESS (This is the address where your device will be delivered to)	YEARS 1960-2020
INSTITUTION	University of Zululand
INSURANCE CHECK Ticking yes signifies your consent to be contacted by an insurance provider to arrange for insurance cover for the laptop. The cost of this will be at your own expense and not facilitated by the University.	YES  NO
Confirmation of 2020 NSFAS STATUS	2020 NSFAS Funded Student
	2020 Non-NSFAS Funded Student □
If you wish to claim this expense against the #COVID-19 Digital Learning Device Scheme, by ticking YES, you hereby authorize NSFAS, another funder or the University and give consent to deduct / offset this expense by using the funds available in the Student Learning Materials Allowance in future.	YES   NO
MY UNIZULU.YOUR UNIZULU.OUR UN	VIZULU YEARS



## Private Bag X1001, KwaDlangezwa 3886, KwaZulu-Natal, South Africa 2020 NSFAS FUNDED STUDENT ONLY www.unizulu.ac.za

l, the undersigned, Mr. / Ms. / Mrs	(name in full), with
dentity number	, hereby confirm that I am a current NSFAS
funded student / bursary beneficiary, registered as such at	the University of Zululand and confirm that I meet the
following qualifying criteria to receive the Digital Learning Devi	ce (Laptop).
1. I am a NSFAS funded student and registered at the afo	prementioned University / Institution named above for the

- I am a NSFAS funded student and registered at the aforementioned University / Institution named above for the academic year 2020 and have signed the terms and conditions that come with the Digital Learning Device.
- 2. I am a NSFAS funded student who has not previously received a Digital Learning Device from the aforementioned University / Institution as part of my enrolment package.
- 3. I acknowledge that upon receipt of the laptop my student account will be debited with the value of the laptop.
- 4. I consent and hereby permit NSFAS and the Institution to utilize my Learning Material Allowance, which would be allocated to me by NSFAS in future academic years, to settle any outstanding amount relating to the acquisition of the Digital Learning Device i.e. laptop given the current COVID-19 National Lockdown Regulations and DHET Guidelines for the continuation of the 2020 Academic Year under the COVID 19 #Digital Learning Device Scheme.
- I understand that I can either opt to purchase the Digital Learning Device i.e. laptop or return the device the Institution in good working order at the end of the 2020 academic year upon completion of my studies or if my NSFAS Funding status for 2021 has changed.
- 6. I accept that should I not return the device to the Institution at the end of the 2020 academic year, that I will be held liable for payment to the Institution and that NSFAS will be authorized to automatically withhold my Learning Materials Allowance in future academic years until all the money owed is paid off.

## 2020 NON NSFAS FUNDED STUDENT ONLY

I, the undersigned, Mr. / Ms. / Mrs	(name in full), with
identity number	, hereby confirm that I am a current student,
registered as such at the University of	Zululand and request the University to provide me with a laptop.

- 1. I further acknowledge that upon receipt of the laptop my student account will be debited with the value of the laptop and that I will be held liable for payment to the Institution.
- I consent and hereby permit NSFAS, another funder and the Institution to utilize my Learning Material Allowance, should I be funded in future academic years, to settle any outstanding amount relating to the acquisition of the Digital Learning Device i.e. laptop.





## Private Bag X1001, KwaDlangezwa 3886, KwaZulu-Natal, South Africa STUDENT www.unizulu.ac.za

Signed	(Student) at		(Place)			
On this	_ day of	(month)	(year).			
INSTITUTION						
Signed			_ (for the Institution)			
Signed by			(full names)			
Designation			(Capacity)			
On this	_ day of	(month)	(year).			
This section should be completed when the laptop is received by the student						
LAPTOP SPECIFICAT	IONS					
Make:	Mecer					
Model:	MyLife Z1406-Ultra-S					
Serial number:						
Asset number:						
CONFIRMATION OF RECEIPT OF LAPTOP						
Student signature as confirmation of acceptance of laptop delivery by the student:						
Student signature:						
Date:						

