



UNIVERSITY OF
ZULULAND

A NODE FOR AFRICAN THOUGHT

REFUND APPLICATION FORM 2026

TO BE COMPLETED BY THE STUDENT AND EMAILED TO:
refundstudentclaims@unizulu.ac.za

SURNAME:		Name:		Student no:					
Email add:			Cell No.:						
COURSE (e.g. B.Sc.)			AMOUNT APPLIED FOR: R						
REASON FOR WITHDRAWAL:									
STUDENT BANK DETAILS (please mark with (x))									
ACCOUNT TYPE		Savings		Transmission		Current		Other:	
BANK	ABSA	STANDARD	FNB	POSTBANK	CAPITEC	NEDBANK	OTHER		
BRANCH CODE									
ACCOUNT NUMBER									
ACCOUNT HOLDER'S NAME :									
NB: THIS APPLICATION WILL NOT BE PROCESSED IF (i) A CERTIFIED ID COPY AND BANK STATEMENT IS NOT ATTACHED (ii) THE BANKING DETAILS ARE NOT OF THE STUDENT/CLAIMANT.									
SIGNATURE:				DATE: / / 20					

FOR OFFICE ONLY – STUDENT ACCOUNT

FEE SOURCE	CASH	SPONSOR
PREVIOUS WRITE OFF	YES	NO
CURRENT REGISTERED	YES	NO
LEVEL OF STUDY	UNDERGRAD	POSTGRAD
CREDIT BALANCE ON STUDENT ACCOUNT	R:	
I CERTIFY THAT THE ABOVE CLAIM IS CORRECT AND THAT PAYMENT HAS NOT PREVIOUSLY BEEN MADE		
SIGNATURE:	DATE: / / 20	

University of Zululand: Finance Department

Private Bag X1001, KwaDlangezwa, 3886

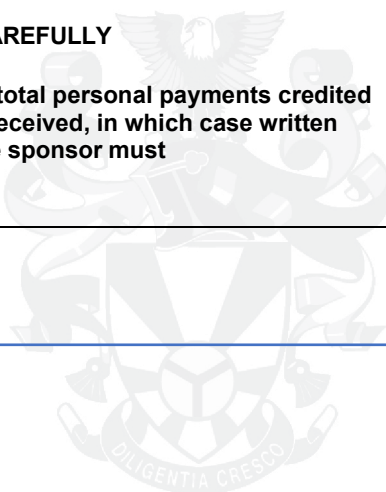
T: 035 902 6954 | E: refundstudentclaims@unizulu.ac.za

W: <http://www.unizulu.ac.za/>

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TO BE COMPLETED BY FAB

BURSARY 1	BURSARY 2	BURSARY 3
R	R	R
AUTHORISATION		
AMOUNT APPROVED:		R
BURSARY ADMINISTRATOR:		DATE : / / 20
ACCOUNTANT:		DATE : / / 20
<p>PLEASE NOTE THE FOLLOWING CAREFULLY</p> <p>Total cash refunds may not exceed total personal payments credited except where bursaries have been received, in which case written permission from, or on behalf of, the sponsor must be obtained.</p>		<p>INCOME MANAGER (sign & stamp)</p>



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