

OPTION FORM – TO BE COMPLETED BY ALL PARENTS/GUARDIANS FOR EACH STUDENT

To: Student Fees
Rhodes University
P O Box 94
Grahamstown, 6140

Tel No.: (046) 603 8743
Fax No.:(046) 603 7019
EMAIL: feescomm@ru.ac.za

Student name: _____ Student No. _____

Parent/Guardian's full names: _____

Parent/Guardian's Email address: _____

I wish to elect to pay my child/ward's fee account as follows:

South African Students:

- | | | |
|--------------------------|----------|--|
| <input type="checkbox"/> | Option 1 | (10% by RF date, 35% end March, 60% end June, 85% end September and balance end of November) |
| <input type="checkbox"/> | Option 2 | (Full fees by RF date, and claim 5% discount) |
| <input type="checkbox"/> | Option 3 | (Debit Order: February to December, 11 months) |
| <input type="checkbox"/> | Option 4 | (None of the above, please complete attached payment application) |

Please indicate if you have applied for

NSFAS

Missing Middle

or you are not applying for

Missing Middle

Foreign Students:

- | | | |
|--------------------------|----------|---|
| <input type="checkbox"/> | Option 1 | (50% by RF date, 100% by the end of May) |
| <input type="checkbox"/> | Option 2 | (Full fees by RF date, and claim 5% discount) |

(Please tick appropriate square)

Signature of Parent/Guardian

DATE

NB!

1. In the event of choosing option 3, please contact debitorders@ru.ac.za.
(FORMS AVAILABLE ON THE RHODES WEBSITE)

2. Option 1 and 4 please complete the application below:
(Please submit by the 11 January 2019)

PAYMENT PLAN APPLICATION

Student application information

Surname															
Name															
Identity number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>														
Student number															
Cell phone number															
Alternative number															
Qualification (name in full)															
Email address															
Other funding (bursaries, scholarships): Please specify sponsor, contact details of sponsor, and R' amount															

Other funding	Yes		No	
Name of sponsor				
R (amount)	R			

Please supply a motivation as to why the Rhodes Fees cannot be paid as per option 2 thru 3 giving suggestions as how fees will be paid e.g. monthly payment plan or at adhoc intervals as and when funds will be available.

Student Full Names _____

Student Signature: _____ Date _____

Personal information of Parents/Spouse/Legal Guardians where applicable:

Please complete the family details below. Parents/Spouse/Legal Guardians must sign consent giving the University permission to verify employment information with a third party such as a credit bureau. The information received will be used to verify employment, marital status and any other information material to the financial information provided in this application.

Surname of Mother/Spouse/Legal Guardian		
Name		
Identity number		
Occupation		
Surname of Father/Spouse/Legal Guardian		
Name		
Identity number		
Occupation		
Total combined annual gross family income (before deductions and tax)		R
Tuition Fees		
Residence Fees		
Bal B/fwd		
Less Bursary/Sponsorship		
Total Fees		0,00
Payment Plan		Amount
January to November 2017		
Insert date		Insert Amount

Total Payments _____

THUS signed and dated at _____ on this ___ day of _____ 2019.

Mother/Spouse/Legal Guardian's signature _____

3. **Declaration and Consent**

- a. I/We understand that, in order for the University to consider my/our application for the Fee payment arrangement, it will require certain personal information from me/us.
- b. I/We also understand that my/our personal information will be provided to third parties who will assist the University with verifying my/our income and that my/our signature to this document constitutes express written consent.
- c. I/We understand that there is no guarantee on the outcome of this application, as the criteria must first be met and any incorrect/incomplete information may delay the outcome.
- d. I / We accept that any fraudulent information provided will automatically disqualify my application and may result in a case of fraud being pursued against me or my parents/legal guardians/spouse.
- e. I/We have noted the following documentation and information that may be requested.

4. **Documents to be submitted if required for the verification of income process:**

- Certified copy of Identity Document of yourself, your parents or legal guardians.
- If either of your parents is deceased, a certified copy of the death certificate.
- Certified or official copy of recent payslip, letter of employment, not older than three months, for each parent, or your guardian or yourself if you are employed.
- Proof of income, bond statement and council rates accounts if parents/guardians are an informal trader/hawker.
- If parents are employed by a company – salary/wage slips of both parents (not required in bullet 3 above).
- IRP5, IT3 and IT12 (last 2 years) if parents/guardians are earning commission.
- Signed and complete 2015 financial statements signed by members; IT14 – Tax return for the business (last 2 years) IT12 – Tax return for the individual (last 2 years) and IT3(b) Income Tax Certificate from the Bank (last 2 years) if parents/guardian/spouse **own or are members of a CC/Pty (ltd) and /or sole proprietor.**
- Official letter from the Department of Labour if parents/guardian/spouse are unemployed proving unemployment status.
- Copy of an official pension slip or bank statement if parent/guardian receives income such as pension/grant/maintenance/rental/interest from investment.

I/We also confirm that I/we have read and hereby accept the terms and conditions of this consent.

THUS signed and dated at _____ on this ____ day of _____ 2017.

Mother/Spouse/Legal Guardian's signature _____

THUS signed and dated at _____ on this ____ day of _____ 2017

Father/Spouse/Legal Guardian's signature: _____
