



## APPLICATION FOR AN EFT REFUND

FINANCE DEPARTMENT  
PO Box 199, 0204

TEL: (012) 521-4735/4500/4317/4614  
Email: [StudentFinance@smu.ac.za](mailto:StudentFinance@smu.ac.za)

<b>STUDENT DETAIL</b>	<b>SIGNATORY (A):</b>		<b>SIGNATORY (B):</b>		<b>EFT NUMBER:</b>	<b>EFT DATE:</b>
	<b>STUDENT NO:</b>	<b>INITIALS:</b>	<b>SURNAME:</b>		<b>SIGNATURE:</b>	
<b>CONTACT NUMBERS AND EMAIL ADDRESS</b>			<b>ADDRESS:</b>			
<b>AGREEMENT</b>	<b>PLEASE NOTE:</b>					
	<ul style="list-style-type: none"> <li>➤ NO REFUND WILL BE ALLOWED ON DEBIT BALANCES</li> <li>➤ NO REFUND WILL BE ALLOWED ON CREDIT BALANCE WHERE THE CREDIT IS AS A RESULT OF A MERIT AWARD, POST GRADUATE BURSARY OR FUNDED BY THE UNIVERSITY</li> <li>➤ NO REFUNDS UNDER <b>R3000.00</b> WILL BE PROCESSED, EXCEPT FOR A FINAL REFUND</li> <li>➤ APPLICATION FORMS FOR FINAL REFUNDS SHOULD BE APPROVED BY FAO AND BUSINESS ADMIN, LIBRARY, STUDENT HOUSING SERVICES, ETC. FOR CLEARANCE</li> <li>➤ AN AUTHORIZATION LETTER FROM SPONSORS SHOULD BE OBTAINED AND ATTACHED, BEFORE A REFUND CAN BE PROCESSED</li> <li>➤ A BANK ACCOUNT CONFIRMATION LETTER SHOULD BE OBTAINED FROM THE BANK AND ATTACHED TO THE APPLICATION</li> <li>➤ NO REFUNDS WILL BE PROCESSED DURING REGISTRATION PERIOD, REFUNDS WILL ONLY BE PROCESSED FROM MARCH.EACH YEAR.</li> </ul>					
<b>FINANCIAL AID BUREAU</b>	<b>SPONSOR NAME</b>			<b>SPONSOR CODE</b>		<b>AMOUNT</b>
	<b>PREPARED BY- INITIALS &amp; SURNAME</b>			<b>PREPARED BY- SIGNATURE</b>		<b>DATE</b>
<b>APPROVED BY- INITIALS &amp; SURNAME</b>			<b>APPROVED BY- SIGNATURE</b>			
<b>BUSINESS ADMIN</b>	<b>FINAL REFUND ONLY:</b>					
	<b>RESIDENCE STATUS</b>		<b>IN</b>	<b>OUT</b>	<b>DATE OUT</b>	
	<b>APPROVED BY-INITIALS &amp; SURNAME</b>			<b>PREPARED BY- SIGNATURE</b>		<b>DATE</b>
<b>LIBRARY SERVICES</b>	<b>FINAL REFUND ONLY:</b>					
	<b>OUTSTANDING CHARGES</b>		<b>YES</b>	<b>NO</b>	<b>DATE</b>	
	<b>APPROVED BY-INITIALS &amp; SURNAME</b>			<b>PREPARED BY- SIGNATURE</b>		
<b>FINANCE OFFICE</b>	<b>PAY:</b>					<b>STAMP</b>
	<b>T/TYPE</b>	<b>COST CENTRE</b>	<b>ACCOUNT</b>	<b>AMOUNT</b>		
	<b>NOTE-PAYMENT ADVICE</b>					
	<b>PREPARED BY-INITIALS &amp; SURNAME</b>		<b>PREPARED BY- SIGNATURE</b>	<b>APPROVED BY-INITIALS &amp; SURNAME</b>	<b>APPROVED BY- SIGNATURE</b>	



# ELECTRONIC PAYMENTS – BANKING DETAILS

It is our endeavour as Sefako Makgatho Health Sciences University Finance department, to provide an effective and efficient service. To achieve this, we need your support.

Below please provide your banking details, to enable us to deposit the payment/ refund, into your account:

<b>Student Number</b>						
<b>Student Surname</b>						
<b>Student Initials</b>						
<b>Contact Number</b>						
<b>Email address</b>						
<b>Student Signature</b>						
<b>Date</b>						
<b>Bank Name</b>						
<b>Branch Code</b>						
<b>Type of Account</b>	<b>Savings</b>		<b>Current</b>		<b>Other</b>	
<b>Bank Account Number</b>						
<b>Bank Stamp</b>						

**Our Ref:** Mrs H.T Shole  
**Department:** Head Student Debtors  
Sefako Makgatho Health Sciences University  
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0204  
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