



APPLICATION FOR AN EFT REFUND

FINANCE DEPARTMENT
PO Box 199, 0204

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

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



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:

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

Our Ref: Mrs H.T Shole
Department: Head Student Debtors
Sefako Makgatho Health Sciences University
PO BOX 199
0204
Tel: (012) 521-4317/4500/4735/4614
e-mail: StudentFinance@smu.ac.za