To: The Chief Financial Officer								
DEBIT ORDER INSTRUCTION Mangosuthu University Technolog PO Box 12363 Jacobs 40256	у							
FOR ACTION ON THE OF I	EVERY MON	NTH.						
Dear Sir,								
UNIVERSITY FEES FOR:								
Student Name and Surname:								
Student Identity Number:	;	Student Reç	istration N	No.:				
l,	II	_ID:			Relationship:,			
the surety holder for the above stud	dent hereby	request, ins	struct and	authorise	you to dra	aw agair	ıst my	account
with the below me	entioned	bank,	the	sum	of	R		
(Rand)	being	the	amount
above, or the preceding day if it fa until2024, or until All such withdrawals from my bank Receipt of this instruction by you s	the full acc caccount by shall be rega	ount is up to y you shall b arded as rec	o date. De treated Seipt there	as thougl of by the	h I have si bank.	gned the	em pe	ersonally.
Failure to honor this legal and bind due to non-payment and may lead bureau.								
SIGNATURE OF SURETY/PARENT/GUARDIAN Date:							_	
The details of my bank account are	as follows:							
Name of Bank account holder								
Name of bank								
Brand)	Name:				Branch Co	de:		
Account number								
Type of account	Cheque / Sa	avings / Tra	nsmission					
Signature of bank account holder as signed on cheques / documents						Date: _		
Monthly / Weekly / Forth-Nightly								

Attach letter from bank confirming account details or the first page of bank statement (not more than one month old) to confirm bank account details of the bank account above.