

ARREAR FEE PAYMENT ARRANGEMENT FORM

Student Name & Surname:	_____	Signature: _____
Student Registration No.	_____	
Balance outstanding	R _____	
Date:	_____	

Attach student docs: Copy of Identity document/card.

The arrear balance will be settled as follows: **(Please tick relevant option chosen. Option 1 can be taken alone or with either Option 2 or Option 3)**

Option 1: Once of payment of R _____ to be made on or before 28 Feb 2025.

Option 2:

Monthly payments over 6 months of R _____ per month commencing on 01 March 2025 with the last payment on 01 August 2025.

Option 3:

Monthly payments over 10 months of R _____ per month commencing on 01 March 2025 with the last payment on 01 December 2025:

I, **(FULL NAMES OF SURETY: _____)** **(I.D. NO: _____)**
the undersigned, being an adult with full legal capacity, do hereby bind myself to and in favour of the Mangosuthu University of Technology ("MUT") as Surety for and co-principal debtor *in solidum*, jointly and severally, with the Student named above, for the due and punctual payment of all the Student's debts and liabilities to the MUT, whether now owing or incurred at any time in future, and for the due and punctual fulfilment of all the Student's obligations to the MUT as set out above:

Surety Signature:	_____
Surety Physical Address:	_____
Surety Telephone number:	Mobile : _____ Home/Work: _____
Surety Email Address:	_____

Attach SURETY docs: Certified Copy of ID of Surety, Payslip (not older than one month) OR last three months bank statement; and Proof of Residential Address.

PLEASE NOTE THAT THE SURETY CANNOT BE THE STUDENT NOR ANY SASSA BENEFICIARY.

REGISTRATION CANNOT PROCEED IF THIS FORM IS NOT CORRECTLY COMPLETED AND RETURNED TO THE STUDENT FEES & DEBT MANAGEMENT OFFICE.