



UNIVERSITY OF CAPE TOWN

Fees & Cashiers Office Hours/Location
Monday – Friday 09h00 – 15h30
Thursday 09h30 – 15h30
Level 3, Kramer Law Building,
Middle Campus

Tel: +27 21 650-1704
Fax: +27 21 650-4768
Email: FNDCollections@uct.ac.za
Web: http://www.uct.ac.za/apply/fees

FEES OFFICE
UCT
PRIVATE BAG X3
7701, RONDEBOSCH

AUTHORITY AND MANDATE FOR PAYMENT INSTRUCTIONS

A. AUTHORITY GIVEN BY:

NAME(S) AND SURNAME OF ACCOUNTHOLDER

ID NUMBER CELL NUMBER

E-MAIL ADDRESS

ADDRESS:

BANK ACCOUNT DETAILS:

BANK NAME:

BRANCH NAME:

BRANCH NUMBER:

ACCOUNT NUMBER:

TYPE OF ACCOUNT: CURRENT/CHEQUE SAVINGS TRANSMISSION

CURRENT DATE:

TO: UNIVERSITY OF CAPE TOWN (UCT)
MIDDLE CAMPUS
KRAMER LAW BUILDING
FEES OFFICE
3RD FLOOR
RONDEBOSCH
7700

REFER TO THE STUDENT’S LAST YEAR REGISTRATION 2024 (“the Agreement”)

- 1. I hereby authorise you to issue and deliver payment instructions to Paysoft for collection against my abovementioned account at my abovementioned bank on condition that the sum of such payment instructions will never exceed my our obligations as agreed to in the Agreement.

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2. The individual payment instructions so authorised to be issued must be issued and delivered monthly on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due.
3. The payment instructions so authorised to be issued must carry a student number, which number must be included in the said payment instructions and if provided to you should enable you to identify the Agreement. The said student number should be added to this form in section E before the issuing of any payment instruction and communicated to UCT directly after having been completed by you.
4. I agree that the first monthly payment instruction of R_____ will be issued and delivered on the _____ **(date)**. Subsequent monthly payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the outstanding balance at UCT have been settled or until this authority is cancelled by me by giving UCT notice in writing of not less than the interval (as indicated in clause 3 above) and sent by prepaid registered post or delivered to UCT's address indicated above.

B. MANDATE

I acknowledge that all payment instructions issued by UCT shall be treated by my abovementioned bank as if the instructions had been issued by me personally.

C. CANCELLATION

I agree that although this authority and mandate may be cancelled by me, such cancellation will not cancel the outstanding balance at UCT. I/ also understand that I cannot reclaim amounts, which have been withdrawn from my account (paid) in terms of this authority and mandate if such amounts were legally owing to UCT.

D. ASSIGNMENT:

I acknowledge that the party hereby authorised to effect the drawing(s) against my account may not cede or assign any of its rights to any third party without my written consent and that I may not delegate any of my obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

E. AGREEMENT REFERENCE NUMBER

THE AGREEMENT REFERENCE NUMBER IS _____ (STUDENT NUMBER)

Signed at _____ on this _____ Day of _____

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SIGNATURE OF ACCOUNTHOLDER

FOR OFFICE USE ONLY:

.....

ASSISTED BY (UCT STAFF MEMBER)

.....

CAPACITY

F. ABBREVIATED NAME: UCTCOLLECT