

Address: Old Hotel School, Ritson Road Campus
Tel: (031) 373 5152/5826

CHANGE OF PERSONAL INFORMATION

SURNAME:

FIRST NAME/S:

IDENTITY NUMBER:

STUDENT NUMBER:

QUALIFICATION REGISTERED FOR:

Tick appropriate block:

POSTAL ADDRESS	*ACCOUNT ADDRESS	STUDY ADDRESS	CONTACT NUMBER/S	**SURNAME or NAME	**IDENTITY NUMBER	OTHER
----------------	------------------	---------------	------------------	-------------------	-------------------	-------

Note: *Request for the above changes must include a certified copy of identity and/or other relevant documents.

PREVIOUS INFORMATION:

.....

.....

.....

.....

.....

NEW INFORMATION

.....

.....

.....

.....

.....

.....
SIGNATURE OF STUDENT

.....
DATE

For Office Use

PROCESSED BY: DATE:.....

CHECKED BY: DATE: