

Faculty of APPLIED SCIENCES

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

PREVIOUS INFORMATION:

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NEW INFORMATION

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SIGNATURE OF STUDENT

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DATE

For Office Use

PROCESSED BY: DATE:.....

CHECKED BY: DATE: