



## UNIVERSITY OF CAPE TOWN

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

Email: [FNDcollections@uct.ac.za](mailto:FNDcollections@uct.ac.za)  
Web: <http://www.uct.ac.za>

FEES OFFICE  
UCT  
PRIVATE BAG X3  
RONDEBOSCH  
7701

### ACKNOWLEDGEMENT OF DEBT

Name of Student:

I.D. Number:

Student Number:

Cell:

E-Mail Address:

Residential Address:

**In favour of the UNIVERSITY OF CAPE TOWN  
(Herein referred to as "the University")**

1. I, the undersigned hereby acknowledge myself to be duly and lawfully indebted to the University in the amount of R ( ), being the capital on my student's outstanding fee account ("the debt").
2. I undertake to repay the debt plus interest by means of consecutive monthly instalments of R the first of which shall be due and payable on the
3. I admit that I am liable for interest on the debt at the rate of 1% per a month as from the
4. Each and every monthly instalment shall be paid to the University on or before the 7th of each month until the debt plus interest have been paid in full.
5. I further agree that should I fail to pay any instalment on the due date, the full amount of the outstanding debt plus interest shall immediately become due and payable. The University shall be entitled to claim either the arrears repayment or demand repayment of the outstanding debt plus interest accrued.
6. Should I default in respect of any payment, I accept that I will be liable for all legal costs on the scale as between attorney and client including the fees of tracing agents and collection commission.



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7. I undertake to provide the University with any change of my contact numbers, work and residential addresses.
8. I hereby acknowledge that this agreement does not over-ride the fees policy nor the rules of the University which shall at all times prevail.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 2023

### SIGNATURES:

**STUDENT:**

**WITNESS:**

1.

2.