



**UNIVERSITY of the
WESTERN CAPE**

**STUDENT
BANKING DETAILS**

Place Student Card here

ATTENTION: FINANCE DEPARTMENT

I, _____ student no _____ hereby
request that funds be electronically transferred to my account at the under mentioned bank/building society.

Accounts Holder(Student only) _____

Bank/ Building Society _____

Branch Name _____

Branch Code _____

Account number _____

PLEASE SPECIFY TYPE OF ACCOUNT:

Savings/Cheque _____

Student Signature _____ Date _____

VERIFICATION

FOR BANK USE ONLY

PRINT NAME/SURNAME

SIGNATURE

DESIGNATION

DATE STAMP

A Place of Quality, a Place to Grow. From Hope to Action through Knowledge!

We Provide a Professional service and are committed to enhancing our
Productivity and promoting customer satisfaction.