1. **Fund holder details**

|  |  |  |  |
| --- | --- | --- | --- |
| Title: (Ms, Mr, Dr, Prof) |        | Name and Surname |        |
| Department |        | Faculty |        |
| Name of Fellowship/Scholarship/ Bursary |        |
| Value of Fellowship/Scholarship/Bursary |  **R**       |
| I, |        | hereby authorize a cash allowance in the amount of | **R**       |
| (Amount written out in full) |        |
| I confirm that this advance will be fully covered by the abovenamed award or by alternative funds. |
| Administrators Name and Surname |        | Tel: |        |
| Fund holder Signature**(Electronic signatures permitted)** |  | Date: |        |
| ***Note: Only*** *the fund holder’s**signature will be accepted.* ***Due to working remotely****, electronic, or scanned signatures will be acceptable.* |

1. **Student /Fellow details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |        | Surname |        | Email Address (Preferred) |        |
| Student Number |        | PS number |         | Cell number |        |
| Degree in 2023(e.g., Master’s) |        | Department |        | Faculty |        |
| I, (name of recipient) |       | Identity number / Passport |        |
| Registration/EnrollmentInformation | Full-time [ ]  | Part-time [ ]  | First date of registration/enrollment towards the above degree (e.g., January 2023) |        |
| Accept the cash allowance of | **R**       | (Amount written out in full) |        |
| Have you loaded your banking account details onto the PeopleSoft system? | YES | **[ ]**  | NO | [ ]  |
| I understand that I am fully responsible for any outstanding balance on my student fee account, and I undertake to repay any such amount to the University of Cape Town. |
| Student Signature**(Electronic signatures permitted)** |  | Date |        |
| ***Note: Only*** *the student’s* ***original*** *signature will be accepted.* ***Due to working remotely****, electronic, or faxed signatures will be acceptable.**.* |

|  |
| --- |
| ***OFFICE USE:***  |
| ***Fee Account Balance:*** | ***R*** | ***Checked by:***  |  | ***Date:*** |  |
| ***Authorised by:*** |  | ***Signature:*** |  |

*Note: Kindly return the form using your respective faculty liaison email address:*

* *nrfsupport1@uct.ac.za* *(Engineering/Science)*
* *nrfsupport2@uct.ac.za**(Commerce/Human**ities)*
* *nrfsupport3@uct.ac.za (Law/ Faculty Health Science)*