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 2025 (e.g., Master’s) | |  | | | | Department |  | | | Faculty | |  | | | |
| I, (name of recipient) | |  | | | | | | | | Identity number / Passport | |  | | | |
| Registration/Enrollment  Information | | Full-time | | | Part-time | | | First date of registration/enrollment towards the above degree (e.g., January 2025) | | | | | |  | |
| 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 to* [*pfodept-awards@uct.ac.za*](mailto:pfodept-awards@uct.ac.za)