



UNIVERSITY OF THE
WITWATERSRAND,
JOHANNESBURG

Kudu Card Office

Application/Renewal of Regular User Kudu Card



This form is NOT for:

- 1) Library Access
- 2) Access to internet and/or e-mail

1) Library Access

Please go to the ground floor of the Wartenweiler Library to make your application.

Note: Library access includes pedestrian perimeter access

2) Access to Internet and/or e-mail

Please visit the Intranet and browse to:

[Human Resources](#) → [Forms](#) → [External Person Form](#)
or contact the CNS helpdesk on x71717.

Note: The details issued through this process will be used to issue an Access Card

Please refer to the Kudu Card Office website for card pricing

www.icam.wits.ac.za

Only pay the fee if a NEW card is to be issued.

How to pay

Your application can be funded by one of the following:

Department:

You need to bring an Internal Requisition made out to ICAM,
001.257.4131102.5123037.000000.0000000000.0000
Future: 0333

Self Funded:

You need to go to the Cashier's Office on the ground floor of Senate House and pay for an "ACCESS CARD", the cashiers know what AKF to pay it into. Attach your receipt, as proof of payment, to the printout of this form.

Renewal

Renewal of a card is FREE but replacement of a card is not.

What you need

- ☐ Your form must be signed by a Wits Head of Department/School.
- ☐ Your signature must be on the form.
- ☐ Make sure the details are correct.
- ☐ Take with you to the Kudu Card Centre:
 - ✓ Photographic ID (ID Book, Drivers Licence or Passport)
 - ✓ Proof of payment (receipt or Internal Requisition) or
 - ✓ Existing Kudu Card when renewing

INCOMPLETE FORMS WILL NOT BE CONSIDERED.

It is in the University's sole discretion as to whether or not you will be given an access card or access will be renewed.

For more information please contact
The Kudu Card Office, 71-71872



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Kudu Card Office

Application/Renewal of Regular User Kudu Card



Applicant

Surname

First Name/s

Title

Date of Birth

DD-MMM-YYYY

ID/Passport Number

Card Permit Number

(Renewal)

Phone Number

Physical Address

(Residential)

Postal Code

Purpose of access

I acknowledge and accept that:

- 1) while I am on University precincts I must comply with its rules, regulations, policies, procedures, standing orders and codes of conduct,
- 2) the access card is for my sole use and may not be transferred or lent to any other person,
- 3) the access card remains the property of the University.

Signature of Applicant

Date

DD-MMM-20YY

Head of University Department/School

Dates of required access: from DD-MMM-20YY to DD-MMM-20YY [] Initial.
(maximum of 1 year)

I confirm that the above person needs access to the University precincts for the period specified above.

Name

Department

Telephone Number

e-Mail Address

Signature

Date

DD-MMM-20YY

*It is advisable that a copy of this
completed form be kept by the HOD/S

Office Use

ICAM Number

Permit Number

Processed by

DATE

DD-MMM-20YY