

REQUEST FORM FOR LETTER OF CONFIRMATION OF REGISTRATION FOR VISA, MEDICAL AID OR BANK PURPOSES

| (Please tick √ the appropriate box) | |
|--|--|
| Letter for Bank | |
| Letter for Medical Aid | |
| Visa letter | |
| If you require a letter for Visa purposes, please provide the following information: | |
| Arrival Country | |
| Departure Country | |
| Departure Date | |
| Return Date | |
| PLEASE COMPLETE THE FOLLOWING IN FULL | |
| Prefix | |
| Full name | |
| Person number | |
| SA ID no / Passport No | |
| Programme | |
| Year of study | |
| Graduation date (only for final year students) | |
| Mobile number | |
| (Please tick √ the appropriate box) | |
| Collect | |
| Scan and E-mail | |
| Please provide your E-mail address | |
| Date | |
| Signature | |