



SPONSOR APPLICATION FOR ALLOWANCE/CREDIT 2026

Financial Aid & Scholarships Office

NAME AND SURNAME OF THE STUDENT:

PERSON NUMBER:

Telephone number:

Cell:

Alternative:

E-mail address:

Sponsor/s name:

ATTACH THE AUTHORISATION LETTER FROM YOUR SPONSOR/S ALLOWING YOU TO ACCESS THE CREDIT/ALLOWANCE. THIS APPLICATION WILL NOT BE PROCESSED WITHOUT IT.

STUDENT BANKING DETAILS

Surname & Initials of account holder:

Name of Bank

Branch

Branch Code (six digits)

Account number

Type of Account

Savings	Current
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I HAVE LOADED MY BANKING DETAILS ON THE STUDENT PORTAL AND PROVIDE CONSENT THAT PAYMENT BE MADE TO THE BANK ACCOUNT LOADED AND STATED ABOVE

Date:

Signature:

OFFICE USE ONLY

FINANCIAL AID & SCHOLARSHIP SAMP