

17 January 2024

REFUND REQUEST FORM

Student Number:		Date of Registration:	
STUDENT DETAILS			
Title:	Last Name:	First Name:	
STUDENT CONTACT DETAILS			
Telephone (H):	Telephone (W):	Cell Phone:	
Email:		Fax :	
Physical Address:		Postal Address:	
	Postal Code:		Postal Code:
PAYER BANK ACCOUNT DETAILS			
Account Holder:		Bank:	
Account Number:		Branch Code:	
REASON FOR WITHDRAWAL / REFUND			

Please note the following:

1. This form must be completed and emailed to studentaccounts@sacap.edu.za by the 10th of the month in order to be processed and paid by the 15th of the following month. This does not include International Students (please see below point 4).
2. A **'Withdrawal from Study' form** must have been completed and returned to administration for processing of Refund Request Form.
3. The following must be attached to the Refund Request Form
 - i) Bank account Confirmation, not older than 3 months
 - ii) Identity Document (**which was used to open the bank account**) of Bank Account Holder
 - iii) Bank Statement reflecting latest payment to SACAP/Proof of last payment to SACAP
4. Refunds to International students require an application to the Reserve Bank and thus SACAP has no control over timing of the refund.
5. Completion of this form does not guarantee a refund. Refunds will only be paid once the account has been reconciled to reflect a credit balance.
6. **This form should not be completed if the student is aware of an outstanding balance owed to the College.**

Signature: _____

Date: _____

