



SOUTHERN AFRICA NAZARENE UNIVERSITY

ADMINISTRATION

P.O.Box 6800 Manzini M200, Kingdom of Swaziland
Tel (+268) 2505 5749 Fax: (+268) 2505 2539

Email: admin@sanu.ac.sz P.O.Box 6800 Manzini M200, Kingdom of Swaziland

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FINANCIAL INFORMATION FORM

SECTION I- STUDENT INFORMATION

This form must be completed by all students at the time of Registration.

1. Personal Information

Student Name: _____ **Student #** _____
(Print name in full)

National Identity Number: _____

Graded Tax Number: _____

Marital Status:

<small>Single</small>	<small>Married</small>	<small>Divorced</small>	<small>Widowed</small>
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Date of Birth:

<small>Day</small>	<small>Month</small>	<small>Year</small>
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Mode of Learning (e.g. fulltime/ Part-time/ODL) _____

Sponsor: Please tick [] Government [] Private company [] self

Faculty: _____

Programme of Study: _____ **Year of Study:** _____

Email address: _____

Telephone # _____ **Cell phone #** _____

Postal Address: _____

ResidentialAddress: _____

Origin:

<small>Country</small>	<small>Region</small>	<small>District</small>	<small>Nationality</small>
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2. Employment Details:

To be completed by self-sponsored students

Employer: _____

Status: _____





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Date Employed: _____

Monthly Income: _____
Attach proof of income and a three months bank statement

Payment method preferred: Please tick [] stop order [] debit order

[] Direct deposit

(If choice is stop order – instruction form must be attached)

3. Banking Details

Account Name	
Bank Name	
Account Number	
Account Type	
Branch Name	
Branch code	

NB: Form should be accompanied by a bank statement extract to confirm account number.

SECTION II- GUARDIAN INFORMATION

4. (a) Name of father/guardian(Private sponsor) _____

Relationship _____

(b) Postal Address _____

Telephone No _____ Cell phone # _____

E-mail Address: _____

(c) Occupation of this person: _____

4.1 GUARDIAN SPONSORING STUDENTS

a) Employer : _____

b) Monthly Income: _____
(Attach proof of income (payslip) and three months bank statement)

c) ID Number: _____

d) Graded tax number: _____

e) Preferred payment method : [] stop-order [] debit order [] direct deposit
(If choice is stop-order – attach bank instruction)





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f) Banking Details

Account Name	
Bank Name	
Account Number	
Account Type	
Branch Name	

5. Next of KIN

(a) Name of next of Kin _____

Relationship: _____

(b) Postal Address: _____

Telephone No: _____ Cell phone # _____

E-mail Address: _____

(c) Occupation of this person: _____

(d) Employer: _____

SECTION III- STUDENT ACCOMODATION

1. Room and Board Option : Please tick

a) Accommodation only []

b) Meals only []

c) Accommodation and meals []

2. Payment option

Stop-order [] Debit order [] Direct deposit []

NB: Students are not allowed to move out of hostel during the course of the semester. A student who moves out of hostel shall bear the full cost of accommodation for that semester.

SECTION IV- STUDENT DECLARATION AND APPROVAL



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6. ACKNOWLEDGEMENT OF FEES AND CONSENT TO PAY

I understand that registering for classes at Southern Africa Nazarene University will generate charges that I am legally obligated to pay in accordance with University payment deadlines. I also understand that any unpaid financial obligation may be referred to the University's contracted collection agency and that I will be responsible for any related collection costs in addition to the amount due.

Signature of Student..... **Date:**

Signature of Private sponsor:.....**Date:**

7. Confirmation of Starter Pack Fee Payment.

Receipt No. _____ Amount Paid _____

I confirm that the due amount has been paid. Please indicate payment made for each item of fees due

DESCRIPTION	Amount
Expansion	
Caution fee	
ID Card	
SRC	
Uniform	
Books	
ICT	
Deposit- 30% of tuition fee for 1 st Semester	
TOTAL	

8. DECLARATION BY THE STUDENT

(Incorrect information may lead to serious consequences.)

(i) I declare that to the best of my knowledge all the information given in this form is correct.

(ii) I acknowledge that my balance for first semester fees is E _____.

(iii) I further commit that the balance will be fully paid by end of November 2017.

Student signature **Date:**.....

For Bursar..... **Date:**.....
(Signature and stamp)