UPSTREAM TRAINING TRUST



UTT BURSARIES: PARTICULARS FOR PAYMENT

This form must be completed and returned to:

Upstream Training Trust

Tygerpoort Building 7 Mispel Street BELLVILLE 7530 RSA

27(21) 938-3500

S111 TYGERVALLEY 7536 RSA

Tel No.: (021) 938 3500/3529 Fax No.: (021) 938 3520

ONLY ON RECEIPT OF THIS FORM WILL PAYMENT BE MADE!

IMPORTANT

NB. Attach University's banking details on the University's letterhead.

Have these documents signed by a designated person at your University and stamped with your University stamp for validation.

Bursary payments will be made from UTT directly to the University where you study. The University will in turn pay out the respective amounts due (e.g. tuition first, books, accommodation, etc.)

You are therefore requested to direct your enquiries regarding your bursary payments to the Accounts Department (Bursary Matters) at the University, who will assist with details of your account.

* UNIVERSITY refers to all Universities & Universities of Technology.

NB.	Full name (Block letters)			
	Student Nur	nber:E-mail address		
1.	University			
2.	Course of Study (Degree/Diploma)			
3.	Year studies commenced			
4.	UTT bursary started in year (e.g. 2018) In (e.g. 2 nd year) of my studie			
5. Current Academic year of study (e.g. 1 st or 2 nd or S1 or S2)				
	4.1 Sem	nester / Annual Student		
6.		ENTS AND REGISTRATION nt due to register as a student	R	
		ance (Please tick the appropriate block) Semester ual TOTAL	R	
7.	CLASS TU			
	1^{st} semester 2^{nd} semester		R R	
	Total amou	nt due for tuition fees for 20	R	
8.	8.1When res	CE AND MEALS siding at a University residence for accommodation for 20 1 st Semester 2 nd Semester	R R	
		TOTAL	R	
	Fee a) b)	for meals at a University residence for 20 1 st Semester 2 nd Semester TOTAL	R R	
		en residing in a private accommodation owance for accommodation / transport / meals 20 1 st Semester 2 nd semester	R R	
		TOTAL	R	
		GRAND TOTAL	R	

8.	CORRESPONDENCE ADDRE (During term of study) Postal address for all corresponde		
Telephone number and code		Cell Number	
	(During off-term / Vacations) Postal address for all corresponde	ence:	
Telep		Cell number	
UNIV	ERSITY STAMP	BURSARY OFFICER'S NAME:	
		TEL:	
		FAX:	
		SIGNATURE:	
STUD	ENT'S FULL NAME (Block letters)	:	
SIGN	ATURE:	DATE:	
	EXPLANATION OF THE DET	ΓAILS	
	semester only. Your seco	s due for 20, in case of semester students indicate the amount due in the firs ond semester will be determined by your mid-year results	
 Delete all areas not application Include correspondence address 		cable to you. address and contact numbers during term at University and off-term.	
pa		Iolder to submit the PARTICULARS FOR PAYMENT form so as to avoid late erefore it is the Bursary Holder's responsibility to ensure that UTT receives this y.	