



The Future. Reimagined.



CHANGE OF BIOGRAPHICAL DETAILS

PLEASE NOTE: CERTIFIED COPIES OF DOCUMENTS MUST BE ATTACHED AS PROOF FOR CHANGE OF DETAILS
PLEASE FILL IN ONLY THE INFORMATION YOU WISH TO UPDATE

STUDENT NO.: _____

SECTION A: CHANGE OF PERSONAL DETAIL

NEW TITLE : _____ NEW SURNAME: _____
NEW PASSPORT/ SA ID NO: _____ NEW INITIALS: _____
NEW FULL NAME: _____

SECTION B: CHANGE OF CONTACT INFORMATION

PERSONAL CONTACT INFORMATION

NEW POSTAL ADDRESS: _____

_____ POSTAL CODE: _____
NEW RESIDENTIAL ADDRESS: _____

_____ POSTAL CODE: _____
NEW CELL NUMBER: _____ NEW EMAIL: _____

NEW ACCOUNT ADDRESS

NAME OF PERSON RESPONSIBLE: _____
POSTAL ADDRESS: _____

_____ POSTAL CODE: _____
CONTACT NUMBER: _____ EMAIL: _____

NEW NEXT OF KIN INFORMATION

NAME OF NEXT OF KIN: _____
RESIDENTIAL ADDRESS: _____

_____ POSTAL CODE: _____
CONTACT NUMBER: _____ EMAIL: _____

SECTION C: SIGNATURE

STUDENT SIGNATURE: _____ DATE : _____