

Applications and Information Office

NOTIFICATION OF CHANGE OF CONTACT DETAILS

Surname: First Name:

Student No: Qualification:

Please tick which address you wish to change:

<input type="checkbox"/>	Postal	<input type="checkbox"/>	Email	<input type="checkbox"/>	Cell phone number	<input type="checkbox"/>	Next of kin
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Current address	New address
Postal code:	Postal code:

Please tick which phone number/s you wish to change:

	Place tick in this column	Dialling code	Current Details	Dialling code	Updated Details
Home	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Cell	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Next of kin	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Name	<input type="checkbox"/>				
Surname	<input type="checkbox"/>				
Email	<input type="checkbox"/>				

Signature of Applicant: Date:

NB: Please submit this form with a certified copy of ID not later than 3 months. Completed forms must be submitted as a tickets to <https://freshdeskportal.ukzn.ac.za/support/home>