



Dear student

We want to ensure that your payments are reflected accurately on our account records. Kindly complete this form and return to Geraldine Johnson either by fax or e-mail:

- Fax number: 086 528 5656
- E-mail: accounts@collegesa.co.za
- Contact number: 0861 663 663

Name:

Student number/ID:

Contact number:

Herewith my payment of R _____ for the month of _____

Please attach proof of payment with this form

Payment made by: (please indicate with √)

Bank deposit

EFT

Credit card

Sign: _____

Date: _____