To whom it may concern

**RE: REPAYMENT ARRANGEMENTS**

Please complete the below information to provide NSFAS with authorisation to process repayments through your employer.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I |  | | | | | |  | | |  | |
|  | | NSFAS Client Full Name | | | | |  | | NSFAS Client ID Number | | |
| authorise my employer | | |  | | | | | | | | |
| to deduct, on a monthly basis, the amount of | | | | | | **R** | |  | | | (from my salary, salary reference number |
| as reflected on my payslip) with effect from | | | | |  | | | | | (date on which first deduction must be deducted) | |
| and monthly thereafter on the same day. | | | |  | | | | | | | |

|  |  |
| --- | --- |
| NSFAS BANKING DETAILS | |
| Name of Account: | NSFAS |
| Bank: | First National Bank, Corporate Bank, Ct |
| Branch Code: | 204109 |
| Account Number: | 500 600 28203 |
| Reference Number: | Client ID Number |

Please do not hesitate to contact NSFAS for any further requirements.

Regards

**NSFAS CONTACT CENTRE**