

Faculty of ACCOUNTING & INFORMATICS

Address: Old Hotel School, Ritson Road Campus
Tel: (031) 373 5152/5826



APPLICANT BIOGRAPHICAL INFORMATION

This form is intended to capture all your vital information necessary for our administrative process. Please fill in all information correctly and legibly.						
PERSONAL INFORMATION						
STUDENT NUMBER					REGISTRATION YEAR	
1. SURNAME (IN FULL)					2. INITIAL/S	
3. FIRST NAMES (IN FULL)					4. TITLE (MR/MRS/MS)	
5. MAIDEN NAME (IF MARRIED)					6. DATE OF BIRTH (DD/MM/YYYY)	
7. IDENTITY/PASSPORT NO.					8. GENDER	
9. MARITAL STATUS (Please tick the correct box)	SINGLE	MARRIED	DIVORCED	WIDOW	14. RACE	
13. OCCUPATION (Please tick the correct box)	EMPLOYED BY EXTERNAL EMPLOYER	EMPLOYED BY DUT	UN-EMPLOYED		12. RELIGION	
42. DO YOU HAVE ANY DISABILITIES? if so, please describe your disability	YES	NO			11. HOME LANGUAGE	
21. WHAT WAS YOUR ACTIVITY LAST YEAR? Were you employed or a student or matric, etc.				22. NAME OF LAST TERTIARY INSTITUTION REGISTERED AT (If applicable)		
CITIZENSHIP						
15. ARE YOU A SOUTH AFRICAN CITIZEN? Please tick the correct box	YES	NO	10. WHAT APPLICANT TYPE ARE YOU? Please tick the correct box.		INTER-NATIONAL CITIZEN	SADC CITIZEN
ONLY INTERNATIONAL STUDENTS TO ANSWER QUESTIONS 17 TO 20						
17. WHAT IS YOUR COUNTRY OF ORIGIN? i.e. The country where you were born.				18. ARE YOU CURRENTLY A SA PERMANENT RESIDENT	YES	NO
19. STUDY PERMIT NO.				20. STUDY PERMIT EXPIRY DATE		
PREVIOUS QUALIFICATIONS						
24. HIGHEST GRADE PASSED IN SECONDARY SCHOOL		25. YEAR & MNTH MATRIC EXAM WAS WRITTEN		26. MATRIC EXAM NUMBER		
39. NAME OF PREVIOUS QUALIFICATION (Other than DUT)				40. YEAR OF GRADUATION		
41. NAME OF PREVIOUS INSTITUTION				23. EXEMPTION OF SUBJECTS REQUIRED	YES	NO

IMPORTANT ADDRESSES & CONTACT DETAILS (ALL DETAILS MUST BE COMPLETED)				
28. POSTAL ADDRESS				
		POSTAL CODE		
30. ADDRESS USED DURING STUDY TERM AT DUT				
		POSTAL CODE		
29. FULL NAME OF PERSON/ COMPANY PAYING THE TUITION FEES				
ADDRESS OF THE ABOVE PERSON				
		POSTAL CODE		
31. NAME OF GUARDIAN OR NEAREST FAMILY MEMBER FOR CONTACT				
ADDRESS OF THE ABOVE PERSON				
		POSTAL CODE		
32. CELL NUMBER	34. HOME TELEPHONE NUMBER	35. GUARDIAN/ FAMILY MEMBER CONTACT	36. DURING TERM TELEPHONE NUMBER	37. WORK TELEPHONE NUMBER
38. EMAIL ADDRESS			39. FAX NUMBER	
27. CAO NUMBER				

DECLARATION BY APPLICANT

I, the undersigned applicant, hereby declare that all the required information above as completed by myself is true and correct. I undertake to notify the DUT in writing immediately if any of the above information changes. I understand that should I not inform the DUT of any changes to the above information or incorrect information, that I take full responsibility for any miscommunication or non-communication by the University.

SIGNATURE OF APPLICANT

DATE