



University of Fort Hare
Together in Excellence

Acknowledgement of Debt

I,.....
hereby acknowledge my indebtedness to the University of Fort Hare for the amount of R.....
for.....
Staff No / Student No and accept the following conditions:-

1. The full amount including interest, *where applicable*, to be deducted in monthly installments from my salary and that the full outstanding debt will be settled by.....
2. In the event of me leaving the University prior to settlement date as stated in (1) above, the full outstanding amount shall become due and payable.

I propose to pay the FULL amount in (*number of installments*) equal installments of

R..... per month with effect from.....

.....
Employee Signature Date

1. WITNESS
FULL NAME & SIGNATURE

2. WITNESS
FULL NAME & SIGNATURE