

CREDIT ORDER INSTRUCTION



UNIVERSITY OF
KWAZULU-NATAL
INYUVESI
YAKWAZULU-NATALI

TO : The Financial Manager
University of Kwazulu-Natal ("UKZN")
Private Bag X 54001, Durban, 4000

FROM : _____

I hereby instruct and authorize UKZN to pay any amounts which may be due to me by the transfer of such amounts to the credit of my account as indicated below and attach a blank, cancelled cheque OR had my bank stamp and sign to verify the information as set out below.

BANK: _____

BRANCH NAME: _____

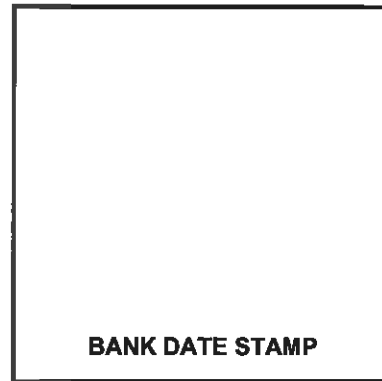
TOWN: _____

TYPE OF ACCOUNT: (Current/Savings/Transmission)
Delete where not applicable

BANK ACCOUNT NAME: _____

BANK ACCOUNT NO: _____

BRANCH CODE: _____



CERTIFICATION (SIGNATURE) BY BANK: _____

Payments of any such amount may be effected by the electronic funds transfer system, subject to the following conditions:

1. Upon UKZN giving the appropriate instruction to the Standard Bank of South Africa Limited, the obligation to make payment to me will be as fully and effectually discharged as if UKZN had made payment directly to myself. Apart for failure to credit the account of myself as a result of the negligence, wilfulness or fraud of UKZN or any of its employees, agents or contractors, UKZN shall have no further liability to myself whatsoever, and the giving of the instruction to transfer funds as set out above, shall constitute a full and sufficient discharge of UKZN's obligation.

(For the purposes of this document and the transactions contemplated herein, neither the ACB Magnetic Tape Service nor any of the banks involved in the electronic transfer shall act as agents of UKZN).

2. I understand that the credit transfer hereby authorized will be processed electronically and I also understand that no advice of payment will be provided by my bank, but details of each payment will be printed on my bank statement or any accompanying voucher. Any queries or discrepancies relating to the credit transfer are to be resolved between myself and the Standard Bank of South Africa Limited.

3. That UKZN will render such assistance, as it is able to in the rectification of any errors for which UKZN is not responsible, provided I bring such errors to its attention as soon as possible.

4. I warrant that the undersigned is authorized to sign this document, and that all of the information contained herein is, and will continue to be, accurate and correct.

5. That UKZN will be notified in writing as soon as any changes to the legal status or banking details are made.

6. This authority may be cancelled by giving you 30 (thirty) days notice in writing.

Signed at _____ on this _____ day of _____ 20____

by _____ (Print Full Names)