

102 Main Street,

Matatiele

P.O. Box 35,

Matatiele, 4730

Tel: 039 737 3135

Fax: 039 737 3611

## REQUIREMENTS FOR HISTORIC DEBT PROGRAMME

- 1. Academic record/ Statement of result
- 2. Letter completion from institution of higher learning
- 3. Household combined income of R4460 per month (Proof of income must be submitted)
- 4. Proof of residence from the ward councillor
- 5. Certified ID Copy (s)/death certificate (if deceased) /affidavit in the case of single parent
  - Student
  - Parents



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OFFICE OF THE MUNICIPAL MANAGER

## APPLICATION FORM: HISTORIC DEBT 2024

NAME AND SURNAME			
CONTACT NUMBER	ALTERNAT	IVE NO:	
IDENTITY NUMBER	EMAIL ADI	RESS	
DENTITI NONDER		KLOO	
GENDER	RACE		
RESIDENTIAL ADDRESS			
WARD			
William			
MOTHER / GUARDIAN			
MOTHER / GUARDIAN			
O C C C T D A TO D Y			
OCCUPATION			
FATHER			
OCCUPATION			
occorning.			
NAME OF THE UNIVERSITY			
& ADDRESS			
OUTSTANDING AMOUNT			
QUALIFICATION			
STUDENT NO			
SIODENI NO			
CICNATUDE		DATE	T
SIGNATURE		DATE	