

WITNESS 2 FULL NAME



2024 NSFAS DHET BURSARY CANCELLATION STELLENBOSCH UNIVERSITY STUDENT NUMBER ١, FIRST AND ANY MIDDLE NAME/S SURNAME **ID NUMBER** herewith CANCEL the NSFAS DHET bursary for the 2024 academic year with immediate effect. I am aware of the possible financial loss that I may experience due to this cancellation. I am aware of the contractual obligations that exist due to funding that I have received during the year and/or previous year(s). Signed on _____ of ____ DATE YEAR at _ PLACE STUDENT EMAIL ADDRESS STUDENT SIGNATURE WITNESS 1 FULL NAME WITNESS 1 SIGNATURE

WITNESS 2 SIGNATURE