BANKSETA BURSARY DEBT SETTLEMENT AGREEMENT

2025/2026

Entered into between

BANKSETA
Hereafter referred to as “the Funder”

And

_____ (Learner Name(s), Surname)
Hereafter referred to as “the Recipient”

And

_____ (Institution full name)
Hereafter referred to as “the University”

Recipient/Learner Initials

Institution Representative Initials

1. PURPOSE OF THE BURSARY DEBT SETTLEMENT AGREEMENT

The purpose of this Bursary Debt settlement Agreement is to settle outstanding debt for students as per below two (02) categories stipulated on the funding window guidelines and as follows:

Students who have completed full qualification in 2025 academic year successfully and is still owing university
Students who have completed full qualification in in a previous academic year successfully and is still owing university

Priority will be given to students enrolled or completed qualifications that are aligned to BANKSETA SSP.

2. REPAYMENTS OF THE DEBT SETTLEMENT BURSARY

The recipient will not be required to pay back any portion of the bursary allocated to them.

3. DECLARATIONS OF UNEMPLOYMENT

Name and Surname: _____

ID number: _____

Address: _____

_____

Contact number: _____

As potential bursar funded by BANKSETA, you are required to declare that you are unemployed (partial or in whole)

I _____, a beneficiary at _____ (university name) declare that the above information is true and correct to the best of my knowledge. Should my employment status change, I shall promptly and accurately declare in writing to the BANSKETA, failure which may lead my funding to be terminated with immediate effect.

Signature: _____ Date: _____

CONFIRMED AND APPROVED BY THE INSTITUTION REPRESENTATIVES

Signature: _____ Date: _____

3. DETAILS

A. Learner Details

Full Name(s)													
Surname													
I.D Number													
Date of Birth	Y	Y	Y	Y	M	M	D	D					
Race	Black African	Colored	Indian	White	Other								
Gender	Male				Female								
Disability Status	Disabled (specify)				Not disabled								
Physical Address													
	Code												
Region/Province													
Municipality													
Rural / Urban													
Telephone Numbers:	Home:												
	Cellphone												
E-mail address													
Citizen Status													
Highest Education													
Home language													

Recipient/Learner Initials

Institution Representative Initials

B. Qualification Details

Qualification/Course Name				
NQF Level				
Is the Programme SETA Funded	Yes		No	
Grant Amount per learner	R……			

Signatories (COMPULSORY):

Recipient

Date: _____	Date: _____
Recipient/Learner (signature)	Witness (signature)

On behalf of the Institution (Authorised Representative)

Date: _____	Date: _____
Institution Rep (signature)	Witness (signature)