



International Student Registration Information Form-2021

First Year Student / Senior Students / Post Graduate / WILL – Semester 1 2

This form must be completed on both sides in BLOCK LETTERS. Once completed email to internationalveri@vut.ac.za You are cautioned that all the information provided here will be verified, and presentation of false information might jeopardise your position in this University

Personal Details

Surname:

First names in full:

Date of birth (dd/mm/yy) **Gender** Male Female

Marital Status: Single Divorced
Married Widow / er

Student no

Academic Program

Residence Status while at VUT **Private** **VUT Residence**

Address of Private Residence (Must be completed (House number, Street Name and the area))

Address of VUT Residence (Must be completed which Residence have you been assigned to including room number and building)

Email:

Cell no:

Immigration Status Details

Country of origin: **Citizenship**

Passport no: **Passport Expiry date:**

Immigration Status in South Africa Refugee Asylum seeker Study Permit Other Status

Permit No:

Permit issue date

Permit Expire date

How long have you been staying in South Africa: Years Months

Comments on Renewal or status

Are you registering with VFS Slip Yes No

If yes indicate VFS Slip Ref number



Emergency Contact Details

Full name & address of Emergency Contact (In your home country)	
Contact person Name	
Relationship to you	
Cell no:	
Email:	
Alternative Contact number	
Full name of Emergency Contact (In South Africa)	
Contact person Name	
Relationship to you	
Cell no:	
Email:	

Medical Aid Details

Medical Aid Scheme			
Medical Aid number			
Membership duration	Start Date	End Date	
Are you the main member	Yes	No	
Who is the main Member			
What is your relationship to the Main member			

If you are not the main member and belong to another person's medical aid which is month to month and is paid for by a company a letter from the company is required to state that the person is still employed if the month to month is paid for by another person a letter is required that medical responsibility will remain theirs. If the medical aid is cancelled for any reason the VUT cannot be held liable for any claims.

Student Signature: **Date:**

Documents to be submitted (All copies must be clear and in colour)

Study Visa Holder	Refugee / Asylum Seekers	Relative Visa (Dependent / Spousal)
<ul style="list-style-type: none"> • Certified copy of passport • Certified copies of valid VUT study visa • Medical aid for 12 months 	<ul style="list-style-type: none"> • Certified copy of Refugee / Asylum papers 	<ul style="list-style-type: none"> • Certified copies of passport • Certified copies of valid relative endorsed to study at VUT
Special Permits (Lesotho Special permit / Zimbabwean Exemption Permit)	Diplomatic Visa	Student Pending Visa (VFS Receipt)
<ul style="list-style-type: none"> • Certified copy of passport • Certified copies of Valid special permit for study • Medical aid for 12 months 	<ul style="list-style-type: none"> • Certified copies of passport • Certified copies of Valid Diplomatic Visa • Medical Aid for 12 months 	<ul style="list-style-type: none"> • Certified copies of passport • Copy of VFS receipt • Singed undertaking (Link) • Medical aid for 12 months

Office Use only – Internationalisation

Document Reference number

Was this form completed on behalf of the student Yes No

Receiving by: Signature Date

Checked by Signature Date

Submitted for Registration

Yes	No	Comments





Must be completed

Release of Information consent Form (POPI)

I, the undersigned, hereby give my consent that; information regarding my Immigration status in the Republic of South Africa be released to the Vaal University of Technology (VUT) as per my personal details below:

Current Full Name If married please state the previous name	Full Name	Middle Name	Last Name
Nationality		Passport Number	
Date of Birth		Country of Birth	
Immigration status (Select the one that is applicable to you)			
VUT Study Visa <input type="checkbox"/>	Permit number	Permit expiry date	
Asylum Seeker <input type="checkbox"/>	Asylum Ref Number	Expiry date	
Refugee <input type="checkbox"/>	Refugee Ref Number	Expiry date	
Permanent Residence <input type="checkbox"/>	Reference number	Expiry date	
Zimbabwe / Lesotho special Visas <input type="checkbox"/>	Reference Number	Expiry date	
Other Visas <input type="checkbox"/>	Specify	Reference number	Expiry date

I understand that the purpose of the disclosure of the information is to assist the Vaal University of Technology process an official request for application or registration, including verification of the authenticity of the above-mentioned documentation.

If I provided any false or misleading information either directly or indirectly to the Vaal University of Technology as part of the application for admission or registration, the following information will be reported to the South Africa Police Service in case of an applicant and to the University's Student Ethics in case of a registered student. This form may not be completed by any other person other than the applicant placing any other signature other than that of the applicant constitutes a fraudulent act, and will be reported to the South African Police Services.

Signature: Permit Holder

Date

