

AMENDMENTS TO PERSONAL DETAILS

Please return this form to the Faculty Office when completed

SECTION A. Current details

Surname	Person number
First names	Programme
Mobile Number	Year of Study

SECTION B. Complete **only** the particulars which you are amending

SECTION B.1. CHANGES TO PERSONAL DETAILS

NB. Please note that no name changes will be processed without a copy of the new Identity Document

Last name	Old	<input type="text"/>	New	<input type="text"/>
Title/prefix	Old	<input type="text"/>	New	<input type="text"/>
First names	Old	<input type="text"/>	New	<input type="text"/>
Maiden name	<input type="text"/>	Married name	<input type="text"/>	
Date of marriage	<input type="text"/>			
Nationality	<input type="text"/>	Date study permit obtained	<input type="text"/>	
Identity no	<input type="text"/>	Alternative identity no	<input type="text"/>	
Reason for change	<input type="text"/>			

SECTION B.2. CHANGE OF ADDRESS. Please include the postal code.

New home postal address	<input type="text"/>	Postal Code
New home residential address	<input type="text"/>	Postal Code
New term postal address	<input type="text"/>	Postal Code
New term residential address	<input type="text"/>	Postal Code



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SECTION B.3. CHANGE OF CONTACT NUMBERS. Please include the **country and area code where applicable.**

Mobile	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home Residential Phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Next of Kin Home Phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Next of Kin Mobile	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Next of Kin Business Phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION C.

SIGNATURE OF STUDENT: _____ **DATE:** _____

FACULTY SIGNATURE: _____ **DATE:** _____

For Office use only

PROCESSED BY:

FULL NAME: _____

DESIGNATION: _____

SIGNATURE: _____ DATE: _____