



INDEMNITY AND CONSENT FORM

I, the undersigned, hereby give my consent to the verification of any information/documentation I have submitted and acknowledge that if I have provided any fraudulent document/s and/or made any other misrepresentation to the University of the Witwatersrand, Johannesburg (Wits University), that Wits University may immediately cancel my registration.

Furthermore, by signing the form, I am responsible for submitting all required documents applicable to my **Immigration Status in the Republic of South Africa** to the International Students Office at the University of the Witwatersrand, Johannesburg for clearance to be processed to permit me to register.

Faculty:

Degree:

Type of Degree:

Attendance Type:

Please tick the applicable document from the list below:

Valid Passport

Valid Temporary Residence Permit (TRP)

Study Visa

Visitor's Visa

Work | Critical | Business Visa for employment in South Africa (**for part-time studies**)

Diplomatic Visa

Refugee Permit

Asylum Seeker Permit

Valid South African Medical Aid membership for the year

Permanent Residence (PR) Permit and/or South African ID

If I fail to provide the International Students Office with the required documentation, I understand that Wits University will **NOT** allow my registration and/or cancel my registration.

I, hereby fully indemnify the International Students Office of the University of the Witwatersrand, Johannesburg against any claim that may arise from the verification.

Students Details:

Name and Surname:

Student Number:

WITS Student E-mail:

Contact Number:

Passport | Refugee | Asylum | PR | SA ID Number:

Date:

Signature:

I, declare that the document/s provided are valid and accurate at the time of submission.

Submit your supporting documents and completed form to: clearance.international@wits.ac.za.