



Mkhambathini Municipality

for the Community

OFFICE OF THE MUNICIPAL MANAGER

18 Old Main Road, CAMPERDOWN, 3720

Postal address

Private bag X04, CAMPERDOWN, 3720

Telephone: 031 785 9300

Fax: 031 785 2121

APPLICATION FOR TERTIARY REGISTRATION ASSISTANCE 2025 ACADEMIC YEAR

Mkhambathini Local Municipality requires personal information from agencies relating to the employment of status and level of income of the parents or guardians of the applicant. Mkhambathini Local Municipality is committed to ensuring that the personal information obtained from third parties is treated confidentially and to protect the privacy of the applicant.

Required documents

- Certified copy of Identity Document
- Proof of address directly from Ward Councilor
- Acceptance letter from the institution clearly reflects the registration fee and banking details of the institution
- Certified copy of the latest academic record for returning students
- Copy of SASSA letter if any family member is receiving social grant
- Certified copy of the latest pay slip/ proof of employment for parents/guardian

NB :

- The Municipality is only assisting with registration fees, not tuition and residence fees
- Money is deposited directly into the bank account of the institution, not transferable to students' personal bank accounts
- The deadline must be strictly adhered to, no exception will be made
- Incomplete applications will not be considered
- Proof of registration from the institution will be required at the end of February 2025.
- Please note that students who failed their modules in the previous academic year will NOT be considered
- The proof of residential address shall be signed, and date stamped by the Ward Councilor.



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STUDENT DETAILS

SURNAME :

FULL NAMES :

IDENTITY NUMBER :

RESIDENTIAL ADDRESS :

CONTACT :

EMAIL :

Signature

PARENT / GUARDIAN DETAILS

SURNAME :

FULL NAMES :

CONTACT :

Signature



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THIS AFFIDAVIT SHALL BE STAMPED BY THE WARD COUNCILOR

AFFIDAVIT (PROOF OF RESIDENTIAL ADDRESS)

I, the undersigned, _____ (full name & surname) do hereby make an oath.

I am a student with Identity number _____ currently residing at

Postal Code:

Ward:

I, Cllr _____ of Mkhambathini Local Municipality Ward

hereby confirm that _____ is a resident of Mkhambathini

Local Municipality and resides at the abovementioned address.

SIGNED AT _____ ON THE _____ DAY OF _____
2025.

Applicant

Ward Councilor
