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USB University of Stellenbosch Business School
SOCIAL IMPACT INITIATIVE

UNIVERSITEIT·STELLENBOSCH·UNIVERSITY HOPE PROJECT

Title _____ **Initials** _____
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Postal Address _____
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Single contribution

my contribution is:
(cheque payable to **Stellenbosch University** included herewith)

Payment options

Please complete and post or fax this form to Stellenbosch University for reference purposes:
PO Box 610 Bellville 7535 South Africa

Direct Deposits

RSA: Stellenbosch University
Bank: Standard Bank
Branch: Stellenbosch
Branch code: 05 06 10
Account name: Stellenbosch University
073006955 (conditional)
Ref: R541-5373

UK: Stellenbosch University SA Foundation UK
Bank: NatWest Bank, City of London Office
Account name: Stellenbosch University SA Foundation UK
Account number: 39448843
Sort code: 60-00-01
Ref: R541-5373
Email or fax a copy of this form to:
Mr William Frankel: bill.frankel@penningtons.co.uk or
fax UK +44 (0) 20 7457 3240

USA: Friends of the University of Stellenbosch Foundation
Bank: Wachovia Bank, S.W.I.F.T Code PNBPUS33
Account name: Friends of the University of Stellenbosch Foundation
Account number: 2000042228819
Ref: R541-5373
IRS Federal Tax number: 13-409 1453
Email or fax a copy of this form to:
Ms Joan Weyers: jhs1@sun.ac.za
Fax RSA +27 86 569 5372
Ref: R541-5373

REST OF THE WORLD:
Bank: First National Bank Cape Town
Bank Address: 5th Floor, Media City, No1
Account name: Stellenbosch University - Foreign Income
Account number: 621 0717 7083
Branch code: 204 109
S.W.I.F.T Address: FIRNZAjj
Ref: R541-5373

Bank Debit Order

bank _____ town/city _____ branch _____
branch code ☐☐☐☐☐☐☐☐ account number ☐☐☐☐☐☐☐☐☐☐☐
To promote Stellenbosch University, I the undersigned, hereby donate the following amount to the University:
(please indicate the amount you prefer to donate)

my contribution ☐ R50 ☐ R100 ☐ R250 ☐ R1000 ☐ other amount
frequency ☐ monthly ☐ quarterly ☐ half-yearly ☐ annually
period ☐ 1year ☐ 2year ☐ 3year ☐ 4year ☐ 5 year ☐ until my notification to alter in writing
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Signature _____ **Date** _____

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