NWU®
NORTH-WEST UNIVERSITY
NOORDWES-UNIVERSITEIT
YUNIBESITI YA BOKONE-BOPHIRIMA

P&C106F HONORARIUM

- The form should be completed, correct and all relevant fields filled out, and signed by you.
- The payment of honorarium claims coincides with the payroll cycle and is subjected to deadlines.
- There is a possibility of tax deductions that may reduce the claim amount displayed on the form, aligned with SARS legislation.
- There is a possibility of fees charged for requesting a payment in a foreign currency.
- **PLEASE NOTE:** Proof of ID or Passport and Work Permit must accompany this form.
- **PLEASE NOTE:** No payment will be made, if the bank account/IBAN confirmation letter is not attached.
- **PLEASE NOTE:** If Income Tax number (SA Citizens) is not provided a delay in payment may occur.

OE Code and Name					
Location	Select from the list	**Extension no**		**Internal Box no**	

SECTION A: CLAIMANT INFORMATION

Surname		**Title**	Select	**NWU NR** (if applicable)	
First names				**Previous/maiden name**	
Gender	Select fr	**Race**	Select from the	**Nationality**	**Preferred name**
Marital status	Select from the list	**Language preference**	Select from the list	**Date of Birth**	
ID no				*(A Copy of ID (SA Citizens) needs to accompany this form)*	
Passport no				*(A Clear Copy of Passport and Work Permit needs to accompany this form)*	
Income Tax no				*(Please note: Income Tax number must be provided for SA Citizens)*	
Residential Address				**Postal address** *If same as residential address tick here* ☐	
Postal Code				**Postal Code**	
Home telephone no				**Mobile no**	
Work telephone no				**Email address**	

SECTION B: PARTICULARS OF WORK PERFORMANCE

Work done in SA	☐	**Work done in foreign country**	☐
Student Initials and Surname		**Student no**	
Programme name of Student			
Claim Type, Unit and Tariff			

SECTION C: BANK DETAILS FOR SA CITIZENS *(PLEASE NOTE: No payment will be made, if the bank account confirmation letter is not attached)*

Bank name	Select from list	**Bank branch Code**	
Bank account no		**Account Type**	Select from the list
Account holder Surname and Initials		**Account holder Relationship**	Select from the

SECTION D: BANK DETAILS FOR FOREIGNER PAYMENT *(PLEASE NOTE: No payment will be made, if the bank account/IBAN confirmation letter is not attached)*

Bank branch name		**Bank street Address**	
City		**Code**	
Country		**Zip Code**	
IBAN/Account no (European Countries)		**Swift Code**	
Account holder **Surname**		**Initials**	
Preferred currency		**Amount if converted**	0.00

SECTION E: CLAIM AMOUNT *(Completed by the line manager)*

Claim Amount	R 0.00		
Starting date of service		**End date of service**	
Accounting Combination	-	-	Select Object

	Initials and surname	**Signature**	**Date**
Claimant			
Fin: Accountant			
Line Manager			