

2026

SED AFFIDAVIT

SOCIO-ECONOMIC DEVELOPMENT

THE AFFIDAVIT SECTION MUST BE COMPLETED ONLY BY STAFF DEPENDENTS IN ORDER FOR CPUT TO APPLY FOR THE B-BBEE STATUS

In compliance with the: **B-BBEE codes of Good Practice**. The amended Codes of Good Practice for Broad-based Black Economic Empowerment that came into effect on the 1st of May 2015.

DETAILS

CAPE PENINSULA UNIVERSITY OF TECHNOLOGY

I the undersigned _____, identity number _____ do hereby make an oath and state that:

I received study assistance from CPUT during the 2026 financial period and I am a black South African/Coloured or Indian as defined in the Codes of Good Practice.

Thus done and signed at _____ on this ____ day of _____ 20__.

I CERTIFY THAT THE ABOVE DETAILS ARE CORRECT

COMMISSIONER OF OATHS SECTION

I certify that the DEPONENT has acknowledged that he/she knows and understands the contents of this affidavit, that he/she does not have any objection into taking the oath and that he/she considers it to be binding on his/her conscience, and which was sworn to and signed before me at on this ____ day of _____ 20____, and that the administering oath complied with the regulations contained in Government Gazette No. R 1258 of 21 July 1972, as amended by GN R774 in GG 8169 of 23 April 1982.

COMMISSIONER OF OATHS (RSA)

Signature: _____
Place: _____
Date: _____
Business Address: _____
Code: _____

STAMP

PLEASE ATTACH WITH THE COMPLETED APPLICATION A CERTIFIED COPY OF THE STAFF MEMBER AND STAFF DEPENDENT'S ID, NOT OLDER THAN 3 MONTHS.

2026

STAFF REBATE

STAFF NUMBER							

**STAFF REBATE FORMS ARE SUBMITTED ANNUALLY AND PER SEMESTER.
ONCE CONFIRMED BY HUMAN CAPITAL ALL COMPLETED FORMS SHOULD BE EMAILED TO STUDENT DEBTORS.
NO LATE APPLICATIONS WILL BE CONSIDERED IF NOT SUBMITTED IN THE SAME ACADEMIC YEAR.**

1. DETAILS

Details of the class fee concessions for staff, their spouses and legal dependent children are available from Human Capital.

- The Institution will subsidize 95% of tuition fees for all formal courses undertaken at the University.
- The staff member will therefore be liable to cover the remaining 5% of class fees.
- This concession will be forfeited if the student receives a Bursary or any other Financial Assistance.
- The concession for staff dependents is only applicable to dependents who are 25 years and younger, and not married.
- Should a staff member/dependent fail a particular subject/s, CPUT will NOT subsidize that particular subject again.
- Submission of this form is compulsory for Financial Clearance.
- The SED affidavit must be completed by staff dependents/spouses and submitted with the completed form, if applicable.
- **PLEASE ATTACH WITH THE COMPLETED APPLICATION FORM A CERTIFIED COPY OF THE STAFF MEMBER AND STAFF DEPENDENT'S ID, NOT OLDER THAN 3 MONTHS.**

2. APPLICATION (ALL FIELDS ARE COMPULSORY)

FULL NAME AND SURNAME OF STUDENT:			
DATE OF BIRTH OF STUDENT:			
STUDENT NUMBER:			
RELATIONSHIP TO STAFF MEMBER:	<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD IF DEPENDENT CHILD: <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> NEVER MARRIED		
FULL NAME AND SURNAME OF STAFF MEMBER:			
CONTACT NUMBER OF STAFF MEMBER:			
FULL TITLE OF PROPOSED COURSE:		FULL-TIME <input type="checkbox"/>	PART-TIME <input type="checkbox"/>
DEPARTMENT EMPLOYED:			
SIGNATURE OF STAFF MEMBER:		DATE:	

3. LINE MANAGER (ALL FIELDS ARE COMPULSORY) – ONLY APPLICABLE TO STAFF MEMBERS

WORK-RELATED FORMAL QUALIFICATION:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
NAME & SURNAME OF LINE MANAGER:			
SIGNATURE OF LINE MANAGER:		DATE:	

4. HUMAN CAPITAL (ALL FIELDS ARE COMPULSORY)

BASED ON EMPLOYMENT STATUS, IS THE STAFF MEMBER/DEPENDENT ENTITLED TO THE FEE REBATE (indicate by X)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HC Checklist <input type="checkbox"/> Completed SED Affidavit <input type="checkbox"/> Certified ID Copy Dependent <input type="checkbox"/> Certified ID Copy Staff Member	Human Capital Stamp	
COMMENCEMENT DATE OF EMPLOYEMENT:		
APPROVED BY (FULL NAME):		
APPROVED BY SIGNATURE:		
DATE SIGNED:		