



Ref No: _____

APPLICATION FOR PAYMENT BY INSTALMENT PLAN
1 PERSONAL DETAILS

Student Code:	_____		
Name & Surname:	_____		
Date of Birth:	____ / ____ / ____		
Permanent home address:	_____		
Postcode:	_____	Telephone number:	_____
Other mailing address:	_____		
Postcode:	_____	Telephone number:	_____
UOM email address:	_____	Mobile phone number:	_____
Work phone number:	_____	Fax number:	_____

2 PROGRAMME RELATED INFORMATION

Programme Code:	_____	Programme Name:	_____
Admission Date:	_____	Year of Study:	_____
Academic Year	_____		

3 INSTALMENT PAYMENT PLAN

Programme fee for the year:	_____		
First Payment Amount:	_____	Payment Due Date:	_____
		Date Received:	_____
		Receipt Number:	_____
Second Payment Amount	_____	Payment Due Date:	_____
		Date Received:	_____
		Receipt Number:	_____

4 BANK DETAILS

Payments in favour of the University of Malta may be effected at any local bank. University bank account details are as follows:

HSBC Bank Malta plc

Account holder: University of Malta
 Account no: 085 031458 002
 Address: 52, Msida Seafront, Msida

OR**Bank of Valletta plc**

Account holder: University of Malta
 Account No: 16800269019
 Address: University Branch,
 Tal-Qroqq, Msida

5 TERMS & CONDITIONS

This application is subject to approval by the Director of Finance or her delegate. The decision of whether this application has been approved or not will be sent within five working days from the receipt of this application.

Students who fail to settle their outstanding balance by the payment due date:

1. will not be eligible to apply for another instalment plan in future academic years and may be liable to a late payment fee of €50;
2. will not be allowed to proceed with their programme of studies and to sit for examinations until all amounts due are paid in full;
3. will have their visa renewal letters withheld if they are overseas students;
4. may be withdrawn from the University and legal proceedings against them may be initiated by the University.

6 STUDENT'S DECLARATION

this application is correct.

Student's Signature: _____ Date: _____ / _____ / _____

7 OFFICE USE ONLY

Date application received: _____ / _____ / _____

Approved : Not Approved:

f / Director of Finance _____