



Contact Details: 073 690 7612/083 619 8625/076 949 7255

APPLICATION FOR PRIVATE STUDENT ACCOMMODATION (SINGLE ROOM)

FOR OFFICE USE ONLY	
STUDENT NAME & SURNAME	
STUDENT ID NUMBER	
STUDENT NUMBER	
ROOM NUMBER	
STUDENT CELL PHONE NUMBER	
ALTERNATIVE CONTACT NUMBER	
DATE OF DEPOSIT	
AMOUNT OF DEPOSIT	

STUDENT MUST COMPLETE THIS FORM IN FULL AND IN BLOCK CAPITALS

STUDENT NUMBER: _____

UNIVERSITY/TVET: _____

COURSE: _____

PERSONAL PARTICULARS

TITLE: MR MS

INITIALS _____

SURNAME _____

ID NO OR PASSPORT NO. _____

FIRST NAMES _____

MAIDEN NAME _____

DATE OF BIRTH _____

MARITAL STATUS _____

WIDOWED _____

ADDRESS DETAILS OF PARENTS / GUARDIAN

STREET / RESIDENTIAL ADDRESS OF PARENTS / GUARDIAN

POSTAL CODE _____

POSTAL ADDRESS OF PARENTS / GUARDIAN

POSTAL CODE _____

TELEPHONE NO. (HOME) _____

CELL NO. _____

E-MAIL ADDRESS _____

REMEMBER (PLEASE VERIFY)

- REMEMBER TO RETURN YOUR APPLICATION FORM AS SOON AS POSSIBLE.
- REMEMBER TO ATTACH A COPY OF YOUR ID (CERTIFY BY POLICE).

BANKING DETAILS

MEGA INNOVATIONS GROUP (PTY) LTD

ABSA BANK

ACC: 4096 0187 92

BRANCH CODE: 632005

DOCUMENTS NEEDED WHEN SUBMITTING FORMS

- CERTIFIED COPY OF STUDENT ID / PASSPORT (not older than 1 month)
- PROOF OF REGISTRATION
- CERTIFIED COPY OF PARENTS / GUARDIANS ID'S / PASSPORT (not older than 1 month)
- PROOF OF PAYMENT