



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

APPLICATION FOR PRIVATE STUDENT ACCOMMODATION (TRIPPLE ROOM)

| FOR OFFICE USE ONLY | STUDENT ONE | STUDENT TWO | STUDENT THREE |
|--|-------------|-------------|---------------|
| NAME & SURNAME | | | |
| ID NUMBER | | | |
| STUDENT NUMBER | | | |
| ROOM NUMBER | | | |
| CELL PHONE NUMBER | | | |
| ALTERNATIVE CONTACT NUMBER | | | |
| DATE OF DEPOSIT AMOUNT OF DEPOSIT | | | |

STUDENT MUST COMPLETE THIS FORM IN FULL AND IN BLOCK CAPITALS

STUDENT ONE PARTICULARS

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 _____

STUDENT MUST COMPLETE THIS FORM IN FULL AND IN BLOCK CAPITALS

STUDENT TWO PARTICULARS

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 _____

STUDENT MUST COMPLETE THIS FORM IN FULL AND IN BLOCK CAPITALS

STUDENT THREE PARTICULARS

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