

Private Bag X5008 KIMBERLEY 8300 Chapel Street KIMBERLEY 8301

APPLICATION FORM: RESIDENCE 20\_\_

(FIRST TIME APPLICANTS)

## COMPLETE THIS SECTION ONLY IF YOU REQUIRE ACCOMMODATION IN A UNIVERSITY RESIDENCE. (THE UNIVERSITY RESERVES THE RIGHT TO PLACE STUDENTS IN RESIDENCE AND THEREFORE APPLICATION FOR RESIDENCE IS NOT A GUARANTEE FOR PLACEMENT.)

|                        |                     | FIELD OF STUD   | Y APPLIED F            | OR       |                   |           |        |        |        |   |
|------------------------|---------------------|-----------------|------------------------|----------|-------------------|-----------|--------|--------|--------|---|
| 1 <sup>st</sup> Choice |                     |                 | 2 <sup>nd</sup> Choice |          |                   |           |        |        |        |   |
|                        |                     |                 |                        |          |                   |           |        |        |        |   |
| PERSONAL DETA          | ILS                 |                 |                        |          |                   |           |        |        |        |   |
| Surname                |                     |                 | ID/Passp               | ort Num  | nber              |           |        |        |        |   |
|                        |                     |                 |                        |          |                   |           |        |        |        |   |
| First Names (As st     | ated on ID/Passport | :)              | Area Co                | de       | Home <sup>-</sup> | Felephon  | e Nur  | nher   |        |   |
|                        |                     |                 |                        |          |                   |           |        |        |        |   |
| Title (Please tick ✓   | <u></u> )           |                 | Mobile P               | hone N   | umber             |           |        |        |        |   |
| MR                     | MRS                 | MS              |                        |          |                   |           |        |        |        |   |
|                        |                     |                 | E-Mail A               | ddress   |                   |           |        |        |        |   |
|                        |                     |                 |                        |          |                   |           |        |        |        |   |
|                        |                     |                 |                        |          |                   |           |        |        |        |   |
| Physical Address       |                     |                 | Postal A               | ddress ( | if differe        | nt from p | hysica | al add | Iress) |   |
|                        |                     |                 |                        |          |                   |           |        |        |        |   |
|                        | De stal Os da       |                 |                        |          | Dee               | tal Oada  | 1      |        |        | 1 |
|                        | Postal Code         |                 |                        |          | Pos               | tal Code  |        |        |        |   |
|                        |                     |                 |                        |          |                   |           |        |        |        |   |
| DETAILS OF YOU         | R PARENT/GUARD      | IAN/NEXT OF KIN | (COMPULSO              | RY)      |                   |           |        |        |        |   |
| Surname                |                     |                 | ID/Passp               | ort Num  | ber               |           |        |        |        |   |
|                        |                     |                 |                        |          |                   |           |        |        |        |   |
| First Names (As st     | ated on ID/Passport | :)              |                        |          |                   |           |        |        |        |   |
|                        | •                   | ,               | Area Co                | de       | Home <sup>-</sup> | Telephon  | e Nur  | nber   |        |   |
| Title (Please tick ✓   | <u>(</u> )          |                 |                        |          |                   |           |        |        |        |   |
| MR                     | MRS                 | MS              | Area Co                | de       | Work T            | elephone  | Num    | ber    |        |   |
| Relationship to app    |                     |                 |                        |          |                   |           |        |        |        |   |
| Parent                 |                     |                 | Mobile P               | hone N   | umber             |           | 1      |        |        |   |
| Guardian               |                     |                 |                        |          |                   |           |        |        |        |   |
| Next of Kin            |                     |                 | E-Mail A               | ddress   |                   |           |        |        |        |   |
|                        |                     |                 |                        |          |                   |           |        |        |        |   |
| Physical Address       |                     |                 | Postal A               | ddress ( | if differe        | nt from p | hysica | al add | Iress) |   |
| ,                      |                     |                 |                        |          |                   |           | ,,     |        | /      |   |
|                        |                     |                 |                        |          |                   |           |        |        |        |   |
|                        | Postal Code         |                 |                        |          | Pos               | tal Code  |        |        |        |   |
|                        |                     |                 |                        |          |                   |           |        |        |        |   |

## PLEASE TURN OVER

## FOLLOWING INFORMATION TO BE COMPLETED BY THE STUDENT. (please tick $\checkmark$ )

| Do you have any disabilities or serious illness? |       |  |          |  |       |  | YES    | NO |         |       |  |
|--|-------|--|----------|--|-------|--|--------|----|---------|-------|--|
| If 'YES', please specify.                        |       |  |          |  |       |  |        |    |         |       |  |
| Population Group                                 | Black |  | Coloured |  | White |  | Indian |    | Chinese | Other |  |
|  |       |  |          |  |       |  |        |    |         |       |  |

Special dietary requirements

## **Non-Academic Activities**

Please list all non-academic activities that you would like to participate in (e.g. sport, cultural, etc.)

| APPLICANT'S SIGNATURE | Date | D | D | - | Μ | М | - | Y | Y | Y | Y |
|-----------------------|------|---|---|---|---|---|---|---|---|---|---|
|                       |      |   |   |   |   |   |   |   |   |   |   |

| FOR OFFICE USE ONLY |                  | ROOM    |
|---------------------|------------------|---------|
| STUDENT NUMBER      | RESIDENCE        | NUMBER  |
| -                   |                  |         |
|                     | Date D D - M M - | Y Y Y Y |