

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 STUDY APPLIED FOR										
1st Choice			2 nd Choice							
PERSONAL DETA	AILS									
Surname			ID/Passport Number							
First Names (As st	tated on ID/Passpor	t)	Area Code Home Telephone Number							
			The second of th							
Title (Please tick ✓			Mobile Phone Number							
MR	MRS	MS								
			E-Mail Address							
Physical Address			Postal Address (if different from physical address)							
Tiyoroar / taarooo			(i. american projection and isos)							
	Postal Code		Postal Code							
DETAILS OF YOU	R PARENT/GUARD	NAN/NEXT OF KIN	(COMPULSORY)							
	INT AIRENT/OUAIRE	JANNEXI OF KIN								
Surname			ID/Passport Number							
First Names (Δs st	tated on ID/Passpor	f)								
Tilot Names (As st	lated on 1D/1 asspor	.,	Area Code Home Telephone Number							
Title (Please tick ✓	<u></u>									
MR	MRS	MS	Area Code Work Telephone Number							
Relationship to app										
Parent			Mobile Phone Number							
Guardian			E Mail Address							
Next of Kin			E-Mail Address							
Physical Address			Postal Address (if different from physical address)							
	Postal Code		Postal Code							

FOLLOWING INFORMATION TO BE COMPLETED BY THE STUDENT. (please tick ✓)									
Do you have any disal	oilities or se	erious illness?		YES	NO				
If 'YES', please specify	у.								
Population Group	Black	Coloured	White	Indian	Chinese	Other			
Special dietary require	ements								
Non Assolution Anthon	***								
Non-Academic Activ		ition that you would	lika ta partiain	esta in (a.g. anart	oultural ata)				
Please list all non-aca	demic activ	rilles triat you would	like to particip	bate iii (e.g. sport	, cultural, etc.)				
1.									
2.									
2.									
3.									
4.									
APPLICANT'S SIGNA	ATURE			Date D D	- M M	- Y Y Y Y			
FOR OFFICE USE ON	LY					ROOM			
STUDENT NUMBER				RESIDENCE		NUMBER			
-									
DECIDENCE				Dat D		V V V			
RESIDENCE MANAG	EK			Date D D	- IVI IVI	- Y Y Y Y			