Respublica Student Information 2014- BEFORE YOU BEGIN

- Please note that you require a valid functioning email address as you will receive communication from us through this medium. If you do not have an email address, we suggest that you first secure one before completing this application form
- For all students, you need to have applied and gained provisional acceptance to an approved
 Tertiary Institution before you apply for accommodation
- The institution needs to have confirmed your allocation to a Respublica Residence before you continue

GETTING STARTED

In order to begin the process, you will be required to complete this information form. Please note that:

- 1. All fields marked with * are mandatory and failure to complete these sections may result in your application being rejected
- 2. The form is divided into different section and will require both your personal details and those of your family/guardians. Pay careful attention and complete all the fields
- 3. Completing this form ahead of arrival will allow you to complete the on-site registration more efficiently

ONCE YOU ARE DONE

- 1. Ensure that you follow the directions set out by the relevant housing department on which steps to adhere to next
- 2. Please note that some institution impose penalties for non-adherence to the stipulated arrival dates, please follow the prescribed guidelines



RESPUBLICA ACCOMMODATION APPLICATION FORM - 2014

PLEASE TICK ALL APPLICABLE FIELDS AND WRITE IN BLOCK LETTER

1. **RESIDENCE INFORMATION** — Information relating to your residence of choice and room type and duration (FOR OFFICE USE)

DIFACE CELECT VOLUM DECUMENCE																		
PLEASE SELECT YOUR RESIDENCE																		
CITY		PRETORIA NECT CITY						Т					JOHANNESBURG					
NAME	UKBAN						ST CITY					THE FIELDS						
ADDRESS	706 Arcad	Arcaala Street, Arcaala, Pretoria I					44 Middle Crescent, Kwaggarsrand, retoria West				_	128 Van Beek Street, Doornfontein, Johannesburg						urg
ROOM TYPE:	SINGLE		SHARING	TRIPLE SINGLE SHARING							SINGLE					SHARIN	IG	
ROOM RATE:																		
ROOM NUMBER:																		
BUILDING NAME:																		
RMS ID:																		
HAVE YOU EVER LIVED AT	A RESPUBL	CA RE	SIDENCE BEI	ORE? IF YES	5	<u> </u>	YEAR:				L WEST SITY							
			_			U					EST CITY THE FIELD			FIELDS	DS			
YEAR YOU ARE AI	PPLYING	FOI	R *					2			0							
2. STUDENT PRIMARY PROFILE — Basic Personal Information																		
TITLE:	М	Mr Miss Mrs. Dr. Prof. Other GENDER*:								N	1ale		F	Female				
STUDENT FIRST NAME *:																		
STUDENT MIDDLE NAME*	:																	
STUDENT LAST NAME*:																		
STUDENT NATIONALITY*:																		_
STUDENT NATIONAL ID																		
NUMBER*:																		
STUDENT PASSPORT NUM																		
(only applicable if RSA ID Number is not a UNIVERSITY ID/STUDENT	available)																	
NUMBER: (IF AVAILABLE)																		
STUDENT TYPE*									INIIVE	DCITVIEA	CE							
		UNIVERSITY LEASE																
STUDENT RESIDENTIAL ADDRESS*:																		
SUBURB:		CITY/TOWN:																
COUNTRY:		POSTAL CODE:																
STUDENT POSTAL ADDRES	SS*:																	
SUBURB:		CITY/TOWN:																
COUNTRY:		POSTAL CODE:																
EMAIL*: Offers for accommodation are issued via email. Applicants																		
must provide a current and reliable email address																		
STUDENT PHONE NUMBE	R:									FAX:								

STUDENT CELL PHONE NUMBER*:



3. STUDENT SECONDARY PROFILE - Additional Information														
BIRTHDAY:		D		D		M		VI	7	Υ	Υ	Υ		Υ
NAME OF UNIVERSITY/TERTIARY INSTUTUTION														
REGISTERED AT:														
COURSE LEVEL		DIPLOMA	DEGREE	ВТЕСН	HONS	MASTER	OTHER	YEAR OF		1 st	2 nd	3 rd	4 th	Other
								STUDY:						
COURSE NAME:														
SPORT:														
INTEREST/HOBBIES:														
MEDICAL CONDITIONS:	: (ANY MEDICAL CONDITION FOR R				SIDENCE TO BE AWARE OF IN AN EMERGENCY)				МО	DDERATE	SUBSTANTIAL		SEVER	E
		NAME:						MEMBERSHIP NUMBER:						
MEDICAL AID		MAIN MEMBER												
		DETAILS						NUMBER						
		If you ha	ve a disabi	lity, but	choose not t	o disclose it	on this forr	n, the Respubl	ica resi	idence is under r	no obligation to	assist or accom	modate you wit	th regard to that
DISABILITY		disability												
		BLIND OR HEARING PARTIALLY			ING		COMMUNICATION			PHYSICAL		BEHAVIORAL		
4. EMERGENCY CONTACT DETAILS – Please provide contact details of a family member or friend who we may contact in the event of an emergency. Please note that it is mandatory for you to provide at least one contact number														
				andato	ory for yo	u to prov	ide at lea	st one con	act n	iumber				
4a.) PRIMARY EME	KGENC	Y CON	ITACI											
TITLE:									RELA	TION*:				
FIRST NAME*:									LAST	NAMES*:				
RESIDENTIAL									COU	NTRY:				
ADDRESS*:									POST	TAL CODE:				
ADDINESS .														
POSTAL ADDRESS*:										NTRY:				
POSTAL ADDICESS .										POSTAL CODE:				
EMERGENCY CONTACT'S P	HONE NU	JMBER*:												
EMERGENCY CONTACT'S C	ELLPHON	E NUMB	ER*:											
EMERGENCY CONTACT'S EMAIL ADDRESS:														
4b.) SECONDARY EMERGENCY CONTACT														
TITLE:									RELAT	ION:				
FIRST NAME:									LAST N	NAME:				
RESIDENTIAL ADDRESS									CODE					
									COUN.	TRY				
DOCTAL ADDRESS									CODE					
POSTAL ADDRESS									COUN.	TRY				
EMERGENCY CONTACT'S PHONE NUMBER:														
EMERGENCY CONTACT'S C	ELLPHON	E NUMB	ER:											

EMERGENCY CONTACT'S EMAIL ADDRESS:



INDEMNITY

Important to Note: This Authority is a mandatory requirement for all students who wish to gain access to Respublica's Residences If you are under the age of 18 at the date of moving into an Accommodation Site provided by Respublica (Pty) Limited then your parent or guardian is required to sign this section

I,(please print), / (am a	a parent or legal guardian							
Of)) and I un	derstand and accept that the							
aforementioned information, contained within this application form, is accurate and complete.								
I also understand and accept that most internet services are available from either the Respublica computer labs (if provided) and								
or from direct access computer connection points in resident bedrooms or within the facility and that neither Respublica nor any								
of its affiliates, provide any form of censorship in relation to the usage of the above.								
SignedName								
ID Number								
At (place)	on							
this (date)								



	RESPUBLICA	ROOM INVENTO	RY CHECKLIS	ST
FOR OFFICE USE ONLY				
RMS ID		Room Number		
Student Type		Account Status		
Residence Name				
Student Name and Surnam	е			
		EXIT CHECKLIST		
ROOM ITEM	Checked	If the item is not functional pl	ease provide details	Office Use Only
Room Door				
Door Lock				
Light Switches				
Bathroom Door				
Toilet Unit				
Mirror				
		+		
Towel Rail/ Hook				
Shower Unit				
Wash hand Basin				
Kitchen Unit				
Living Area				
Stove				
Kitchen Sockets				
Microwave Oven				
Fridge(s)				
Kitchen Bin(s)				
Wardrobe Doors				
Wardrobe Shelves				
Bed(s)				
Mattress(s)				
Pedestals				
Study Desk				
Chair(s)				
Wall Sockets				
Dustbin(s)				
Clabas				
Globes				
Walls				
Curtains/Blinds				
Curtain Rail/Hooks				
Floor/Carpet				
Heater				
Other				
Student Signature			Date Key Issued	
Residence Manager				

