



6 Cluver Road
STELLENBOSCH
7600
www.stellies-student-stay.co.za

info@stellies-student-stay.co.za
Cell: +27 (0) 71 860 8070
Office: +27 21 883 9086
Fax: 086 5439612

APPLICATION FORM 2017

NAME OF COMPLEX:(in order of preference)

SINGLE:

SHARING:

1) _____ 2) _____ 3) _____

VECHILE PARKING REQUIRED:

YES

NO

INFORMATION REQUIRED: TENANT

FULL NAMES: _____

STUDY COURSE (2017): _____

ACADEMIC YEAR (2017): _____

CELL NUMBER: _____

E-MAIL ADDRESS: _____

ID NUMBER: _____

STUDENT NUMBER: _____

SCHOOL ATTENDED: _____

PRESENT PHYSICAL ADDRESS: _____

NAME OF LANDLORD / AGENT: _____

CONTACT DETAILS OF LANDLORD / AGENT: _____

INFORMATION REQUIRED: CONTRACT PARTY

FULL NAMES: _____

ID NUMBER: _____

PRESENT PHYSICAL ADDRESS: _____

POSTAL ADDRESS: _____

E-MAIL ADDRESS: _____

CELL NUMBER: _____

TEL NUMBER (H): _____

TEL NUMBER (W): _____

FAX NUMBER: _____

EMPLOYERS NAME: _____

POSITION AT COMPANY: _____

EMPLOYER CONTACT DETAILS: _____

INFORMATION REQUIRED: SPOUSE

FULL NAMES: _____

ID NUMBER: _____

PRESENT PHYSICAL ADDRESS: _____

POSTAL ADDRESS: _____

E-MAIL ADDRESS: _____

CELL NUMBER: _____

TEL NUMBER (H): _____

TEL NUMBER (W): _____

FAX NUMBER: _____

EMPLOYERS NAME: _____

POSITION AT COMPANY: _____

EMPLOYER CONTACT DETAILS _____

SIGNATURE OF CONTRACT PARTY: _____

DATE: _____

Send application back with:

- Copies of all 3 ID documents
- Proof of residence
- Proof of payment of application fee – R100

Bank details:

Account name: Stellies Student Stay

Absa, Current account

Account name: Stellies Student Stay

Account number: 408 526 9748

Reference: Name and Surname

Please e-mail proof of payment to: info@stellies student-stay.co.za