

Private Accommodation



UNIVERSITY OF
KWAZULU-NATAL
INYUVESI
YAKWAZULU-NATALI

STUDENT VERIFICATION FORM

A. Personal Details (Student)

Surname:		Full name:(s)	
Student No:			
Tel No:		Cell No:	
Leased Property Address :			
Home Address:			
Emergency No:			
Duration (Months)			
Date In:			
Rental			
College (Faculty)		Level of Study in 2021 (1st,2nd etc)	
Degree in 2021 (e.g.B.com, BSs, BSc, LLB etc.):			
Financial Aid	Bursary	Self-Funded	Scholarships

B. Parent/Guardian Details

Full Name: (s)		Surname:		Email:	
Home Address					
Tell No:			Cell No:		
Alternative N o:					

C. Landlord Details

Full Name: (s)		Surname:		Email:	
Home Address					
Tell No:			Cell No:		
Alternative N o:					

D. Student

I....., have checked and I accept condition of the above mentioned accommodation and declare that the information given is true and correct and that I understand and agree with all conditions set out by the landlord.

Student Signature.....

Date.....

<p>FOR OFFICIAL USE SIGNED/CHECKED IN BY NAME:..... SIGNATURE..... RESIDENCE OFFICER DATE RECEIVED:..... HOD SIGNATURE: DATE RECEIVED _: _</p>	<p>OFFICE PRIVATE ACCOMMODATION STAMP</p>
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