

Private Bag X5008 KIMBERLEY 8300 Chapel Street KIMBERLEY 8301

## 2017 APPLICATION FORM: RESIDENCE

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.)

STUDENT NUMBER	PREFERRE	D FIELD OF STUDY		
-	1st Choice			
	2 <sup>nd</sup> Choice			
PERSONAL DETAILS Surname		DETAILS OF YOUR PA GUARDIAN/NEXT OF Surname	_	
First Names		First Names		
Title (Please tick • 🗸 )		Title (Diagon tiels ()		
Title (Please tick ✓)  MR MRS	MS	Title (Please tick ✓)  MR	MRS	MS
ID Number	IVIO	ID Number	IVIICO	IVIO
ddress				
Postal Code			ostal Code	
Area Code Home Telephone Number		Area Code Hom	e Telephone Nur	mber
Makila Dhana Numbar		Mahila Dhana Numbar		
Mobile Phone Number		Mobile Phone Number		
E-Mail Address		E-Mail Address		
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 Colou	ıred Whi	te Indian	Chinese	Other
	irea   vvrii	le   Indian	Chinese	Other
Non-Academic Activities  Please list all non-academic activities that you would like to participate in (e.g. sport, cultural, etc.)				
1.	ou would like to p	2.	cultural, etc.)	
APPLICANT'S SIGNATURE  Date D D - M M - Y Y Y Y				
FOR OFFICE USE ONLY				
STUDENT NUMBER	RESIDENCE		ROOM NUMBER	
RESIDENCE MANAGER		Date D D	- M M -	YYYY