



C. ADDITIONAL INFORMATION (Mark where appropriate and specify if necessary)																																			
Physical challenges																																			
Medical Fund No.																																			
Plan and number																																			
Main member full names																																			
Main member ID number																																			
Other																																			
D. DETAILS OF PARENT/GUARDIAN																																			
Relationship				Father								Mother								Guardian															
Title				Prof								Dr								Mr								Mrs							
Surname																								Initials											
ID Number																																			
Address Information																																			
Home address																																			
																Postal code																			
Postal address (for accounts)																																			
																Postal code																			
Home Tel Nr.																																			
Work Tel Nr.																																			
Cell Nr.																																			
E-mail																																			
Occupation																																			
Employer																																			
Parents income				≥ R120 000								≥R200 000								≥ R300 000															
				≥ R150 000								≥ R250 000								R300 000 +															
E. PARKING																																			
Should you be interested in renting a parking bay, please complete the information below.																																			
1. This application should not be seen as a guarantee that parking is available.																																			
2. Senior students will get preference as there are limited parking bays available.																																			
Type of vehicle/scooter																																			
Colour																																			
Registration Nr.																																			
Registered owner of vehicle/scooter																																			
FOR OFFICE USE ONLY																																			
Parking bay allocated																		Yes				No				On waiting list									
Remote control issued																		Yes				No													
FOR OFFICE USE ONLY:																																			
Application received Date:														Application fee received Date: Receipt nr.																					
Student Hostel registration nr.																																			

FOR OFFICE USE ONLY:																											
Application received Date:														Application fee received Date: Receipt nr.													
Student Hostel registration nr.																											

## I. DECLARATIONS

### Declaration by Student

I hereby declare

- (a) that the particulars furnished in this application are true and correct;
- (b) that I fully understand that management is entitled to cancel my registration immediately, should it become apparent that any of the particulars furnished above in this application is untrue or incorrect;
- (c) that I have acquainted myself, and in the future will keep myself acquainted with the contents of the residence rules and regulations;
- (d) that I undertake throughout the academic year for which I register as resident, to abide by the rules and regulations of the residence and be subject to the disciplinary code and procedure of the hostel.
- (e) that I undertake not to bring any claim, of whatever kind against Geribel Investments (Pty) Ltd or any employee of the residence. Nor, in any way whatsoever, hold the residence liable for any damage or loss, which I may incur or suffer personally, or in property of mine and which directly or indirectly arises from my participation during my period as resident. However, I will participate in activities on my own responsibility and will accept, on my own free will, the risk attaching thereto;
- (f) that I authorise the residence management in the event of me requiring urgent medical treatment to get appropriate medical assistance and I accept responsibility for the payment of the costs thus incurred. I accept that the Residence did not arrange any medical or short term insurance on my behalf. I will immediately get the necessary medical advice or treatment if I have reason to suspect that I have any contagious or infectious disease capable of creating a risk for other persons through my participation in any aspect of residence activities;
- (g) that I undertake to pay punctually all such fees as the residence may from time to time charge during the academic year for which I register as a resident;
- (h) that I furthermore undertake to defray all legal costs arising for the residence in the event of my failure to discharge any duty relating to the payments mentioned in (g) above;
- (i) that accommodation is allocated for one academic year. A new application form must be completed at the end of each year of staying in the residence;
- (j) **Refund Policy**
  - Should the application be cancelled before registration, the applicant/parent will forfeit the non-refundable registration/administration fee of R6 000-00.
  - Should the application be cancelled after registration and before 30 June of the occupied year, the applicant/parent will forfeit the non-refundable registration/administration fee, any costs incurred by the Recipient during its occupancy plus an additional 3 (three) months of the academic year's accommodation costs.
  - Should the application be cancelled after 30 June of the occupied year, the applicant/parent will forfeit the full accommodation cost for the academic year.

<b>Signature of Student</b>								
<b>Date (DD/MM/YYYY)</b>								

### Declaration by parent/guardian

I hereby declare that

- (a) I have acquainted myself with the contents of, and consent to, the declaration by my daughter and that the particulars furnished by her in this application form are true and correct;
- (b) I consent in particular to my daughter's undertaking throughout all her years of residence to abide by the residence regulations and rules as laid down and changed from time to time by the board or by any other body or person attached to the Residence;
- (c) I accept jointly and severally responsibility with my daughter for the payment of all fees referred to which may become due and payable to the Residence during the year for which she registers as a resident at the Residence.
- (d) **Refund Policy**
  - Should the application be cancelled before registration, the applicant/parent will forfeit the non-refundable registration/administration fee of R6 000-00.
  - Should the application be cancelled after registration and before 30 June of the occupied year, the applicant/parent will forfeit the non-refundable registration/administration fee, any costs incurred by the Recipient during its occupancy plus an additional 3 (three) months of the academic year's accommodation costs.
  - Should the application be cancelled after 30 June of the occupied year, the applicant/parent will forfeit the full accommodation cost for the academic year.

<b>Signature of parent/guardian</b>								
<b>Capacity (Father/Mother/Guardian)</b>								
<b>Date (DD/MM/YYYY)</b>								

**NB: ACADEMIC RECORDS MUST PLEASE ACCOMPANY THIS APPLICATION.**

This document is available in English on request.