

No.4 HEALTH DETAILS AND LIFESTYLE

Blood Group: _____

Are you now in good health and free from disease or injury? ☐ Yes ☐ No

If no, please provide details: _____

Are you currently receiving medical treatment? ☐ Yes ☐ No

If yes, please provide details: _____

Have you ever smoked in the last 12 month? ☐ Yes ☐ No

Do you consume alcoholic drink? ☐ Yes ☐ No

Have you ever taken or do you now take any drugs or narcotics? ☐ Yes ☐ No

No.5 EMERGENCY CONTACT

Name: _____

Telephone: _____ Relationship: _____

Language spoken: _____

No.6 ACCOMMODATION PREFERENCE

☐ (Sharing with Fan) ☐ (Sharing with Air-Con) ☐ (Single with Air-Con and attached Bathroom)

☐ (Sharing with Fan and Balcony) ☐ (Sharing with Air-Con and Balcony)

I would prefer to share with: _____

No.7 TEMPORARY ACCOMMODATION

☐ Temporary Accommodation Please state duration: _____

No.8 REGISTRATION FEE

A registration fee of rm300 shall be paid together with this registration form.

Any cheques paid shall be made payable to "JKV Associates".

Please take note that registration fee is to be offset against the total payable once student move into the reserved accommodation.

Registration fee is only refundable if management is unable to offer student the accommodation.

No.9 DECLARATION

I hereby certify that all information supplied by me in this application is accurate and complete. I acknowledge that I have read the **Information for Applicants** and agree to abide by all the terms and conditions stated. Together with this registration form, I include a sum of RM _____ as payment in the form of cash / cheque / Telegraphic Transfer (TT).

Signature of Applicant: _____

Date: / /
Day Month Year

Please take note that you will be advised on your accommodation approved by written confirmation within 7 working days.

OFFICE USE ONLY

Date received: / /
Day Month Year

Place Offered: _____

Received by: _____

Tenure: _____

Amount paid: RM _____

Check-in Date: / /
Day Month Year

OR No. _____

REGISTRATION FORM

VICTORIA HALL