



BOTSWANA
ACCOUNTANCY
COLLEGE
The Botswana Business School

STUDENTS ACCOMMODATION APPLICATION FORM

July 2023-June 2024

PLEASE FILL IN THE APPLICATION FORM IN CAPITAL LETTERS AND MAKE SURE THAT YOU FILL IN ALL THE FIELDS AS THEY ARE MANDATORY. FAILURE TO DO SO WILL RESULT IN YOUR APPLICATION DISQUALIFIED.

PRIORITY WILL BE GIVEN TO;

- First year Registered OVC (Orphans and Vulnerable Children / Special Education Needs(SEN)/ Remote Area Dwellers (RADS)/ Student Living With Disability – We follow the government affirmative action framework (CONFIRMATION LETTER WILL BE REQUIRED AS PROOF)
- International Students
- First year students

PERSONAL DETAILS

SURNAME	NAME(S)	DATE OF BIRTH	GENDER	ID NO
CAMPUS	OVC Special need RADP			

CONTACT ADDRESS

POSTAL ADDRESS	MOBILE NUMBER
----------------	---------------

EMERGENCY CONTACT

CONTACT NAME	POSTAL ADDRESS
HOME TELEPHONE NUMBE	MOBILE NUMBER

The above details used in the event of an emergency to contact a parent or a guardian.

PROGRAMME APPLIED OR ADMITTED FOR

Tick where applicable

FINANCE AND PROFESSIONAL STUDIES

- ☐ (ACCA)
- ☐ (CIMA)
- ☐ (BICA)
- ☐ (AAT)
- ☐ (CIPS)
- ☐ Professional BA(Hons) Degree in Insurance

COMPUTING AND INFORMATION SYSTEMS

- ☐ NSE
- ☐ MWT
- ☐ ICT
- ☐ BIDA
- ☐ CSE
- ☐ ABC

BUSINESS AND LEISURE

- ☐ AF
- ☐ IFB
- ☐ BM
- ☐ EBL
- ☐ TM
- ☐ IHM

HAVE YOU STAYED ON CAMPUS BEFORE? (if yes, please specify period stayed.)

YEAR OF STAY ON CAMPUS:

SEMESTER STAYED ON CAMPUS:

PAYMENT AND OCCUPANCY UNDERTAKING

PLEASE COMPLETE ONE SECTION BELOW WHICH IS APPLICABLE TO YOU, TO INDICATE WHO WILL BE RESPONSIBLE FOR PAYMENT OF HOSTEL FEES.

Who is responsible for the payment of your accommodation?

Fill in appropriate box

EMPLOYER

I confirm that my employer will be responsible for the payment of my hostel fees on receipt of an invoice.

Employer (CAPITAL LETTERS) _____

Authorized by (CAPITAL LETTERS) _____

Signature _____

Date ____/____/____

COMPANY STAMP

PARENT/GUARDIAN/MYSELF

I confirm that my parent/guardian/myself will be responsible for payment of my hostel fees.

Person responsible for fees

Signature

____/____/____
Date

DEPARTMENT OF TERTIARY EDUCATION & FINANCING (DTEF)

I confirm that the Department of Tertiary Education & Financing (DTEF) pays my hostel fees.

Signature

____/____/____
Date

Sponsor Ref # (TR NO)

I ACCEPT THAT ONCE ALLOCATED A ROOM ON CAMPUS, I WILL OCCUPY THE ROOM UNTIL THE END OF THE FULL YEAR, FAILING WHICH I WON'T BE REFUNDED FOR THE REMAINING PERIOD. THE INFORMATION PROVIDED IS TRUE.

Signature _____

Date ____/____/____

SEND THE APPLICATION FORM TO THE FOLLOWING EMAIL RESPECTIVELY:

FRANCISTOWN CAMPUS STUDENTS bactownaccommo@bac.ac.bw

BAC.SSW.PM.01. F05.V1.0