

ACCOMMODATION AGREEMENT

BETWEEN

("the Lessor") AND

(ID / Passport Number)

IN RELATION TO THE ACCOMMODATION ESTABLISHMENT KNOWN AS:

("the Lessee")

Full Name

1. Key Information of Accommodation Agreement

a. Personal Details of Less	ee (student):		
Full Name and Surname			
Gender			
ID/Passport No			
Student Number			
Email address	1 _		
Cell No.	4		
Alternative phone No			
b. Details of Sponsor (pare	ent / guardian / bursar) respons	ible for payment of fee	s (if different to the Lessee):
			Sponsor A
Name and Surname or Company	Name		
ID or Registration No			
Email address			
Cell No.			
Alternative phone No			
Physical Address			
c. Accommodation:			
	Name of Residence:		
	Address of Residence:		
Domicilia Citandi Et Executandi - Lessee	Room Type:		
	Room No:		
	Domicilia Citandi Et Executandi - Lesso	r	
d. Accommodation Period:			
Check-in / Commencement date [The Earlier of the check-in date the Key has been issued to the Le	recorded in the online system or alt sssee]	ernatively the date upon v	which
Anticipated check-out			
e. Accommodation Fee			
Monthly Fee (ZAR)			
f. Non-refundable Admini	stration Fee		
Non-refundable Administration Fo	ee (ZAR)		
g. Security Deposit (Appli	es to Cash paying students)		
Will the sponsor sign a suretyship fo	or and behalf of the Lessee?		
Security Deposit Amount Required	ZAR)		

The Security Deposit will be used to set off any damages to the dwelling unit and or non-payment of the monthly rental due. The Security Deposit will be refunded, within 21 days of vacating your room, provided that a vacate request and banking details are provided via the online system and subject to a retention for damages / non-payment of monthly rental and on condition that the lodger has met all the move out / vacate requirements. Should you fail to provide the owner with adequate information relating to the refund, your refund will only be processed once the owner has manually validated your details and as such, a 21 day turnaround time is not guaranteed.

h.	Total	Amounts	Payable
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Accommodation Fee - as per clause 1(e)	
Non-refundable Administration Fee - as per clause 1(f)	
Security Deposit - as per clause 1(g)	
Total Monthly Amount Due	

I THE LESSEE IN THIS AGREEMENT, CONFIRM AND ACCEPT THAT I FULLY UNDERSTAND THE CONTENT OF THIS AGREEMENT AND THE ANNEXES HERETO AND THAT THIS AGREEMENT IS DRAFTED IN A LANGUAGE IN WHICH I CAN FULLY COMPREHEND;	DATE OF ELECTRONIC SIGNATURE:
I . THE LESSEE IN THIS AGREEMENT, CONFIRM THAT I HAVE ENTERED INTO THIS AGREEMENT VOLUNTARILY, FREE OF UNDUE INFLUENCE AND AS A RESULT OF MY OWN FREEWILL AND DESIRE;	DATE OF ELECTRONIC SIGNATURE:
I . THE LESSEE IN THIS AGREEMENT, CONFIRM THAT I HAVE READ AND FULLY UNDERSTOOD ALL OF MY PAYMENT OBLIGATIONS TO THE LESSOR PURSUANT TO THIS AGREEMENT AND PARTICULARLY THOSE PRESCRIBED IN CLAUSES 3, 4 AND 5 HEREOF.	DATE OF ELECTRONIC SIGNATURE:
I I . THE LESSEE IN THIS AGREEMENT, CONFIRM THAT I HAVE READ AND FULLY UNDERSTOOD THE CIRCUMSTANCES UPON WHICH THIS AGREEMENT MAY BE TERMINATED AND THE SPECIFIC TIME PERIODS RELATED THERETO, MORE PARTICULARLY THOSE PRESCRIBED IN CLAUSE 10 HEREOF.	DATE OF ELECTRONIC SIGNATURE:
I . THE LESSEE IN THIS AGREEMENT, CONFIRM THAT I HAVE READ AND FULLY UNDERSTOOD THE PROVISIONS OF THIS AGREEMENT PERTAINING TO BREACH AND CANCELLATION AND THE CONSEQUENCES AND REPERCUSSIONS ASSOCIATED THERETO, MORE PARTICULARLY THOSE PROVISIONS REFERRED TO IN CLAUSE 11 HEREOF.	DATE OF ELECTRONIC SIGNATURE:

SIGNED BY PARTIES AS FOLLOWS:

Lessor Signature:	Place	Date
Managed by:		
(Who, if signing, warrants that he/she is duly authorized thereto)		
	Place	Date
(Who, if signing, warrants that he/she is duly authorized thereto)		

Account Type: Business Account	
Account Number:	
Branch Code:	
Branch Name:	