



ACCOMMODATION AGREEMENT

BETWEEN

("the Lessor")

AND

Full Name (ID / Passport Number)

("the Lessee")

IN RELATION TO THE ACCOMMODATION ESTABLISHMENT KNOWN AS:

1. Key Information of Accommodation Agreement

a. Personal Details of Lessee (student):

| | |
|-----------------------|--|
| Full Name and Surname | |
| Gender | |
| ID/Passport No | |
| Student Number | |
| Email address | |
| Cell No. | |
| Alternative phone No | |

b. Details of Sponsor (parent / guardian / bursar) responsible for payment of fees (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:

| | | |
|--|--|--|
| Domicilia Citandi Et Executandi - Lessee | Name of Residence: | |
| | Address of Residence: | |
| | Room Type: | |
| | Room No: | |
| | Domicilia Citandi Et Executandi - Lessor | |

d. Accommodation Period:

| | |
|---|--|
| Check-in / Commencement date [The Earlier of the check-in date recorded in the online system or alternatively the date upon which the Key has been issued to the Lessee] | |
| Anticipated check-out | |

e. Accommodation Fee

| | |
|-------------------|--|
| Monthly Fee (ZAR) | |
|-------------------|--|

f. Non-refundable Administration Fee

| | |
|---|--|
| Non-refundable Administration Fee (ZAR) | |
|---|--|

g. Security Deposit (Applies to Cash paying students)

| | |
|--|--------------------------|
| Will the sponsor sign a suretyship for and behalf of the Lessee? | <input type="checkbox"/> |
| Security Deposit Amount Required (ZAR) | <input type="text"/> |

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

| | |
|--|----------------------|
| Accommodation Fee - as per clause 1(e) | <input type="text"/> |
| Non-refundable Administration Fee - as per clause 1(f) | <input type="text"/> |
| Security Deposit - as per clause 1(g) | <input type="text"/> |
| Total Monthly Amount Due | <input type="text"/> |

| | |
|---|--|
| 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 FREEDOM 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, _____, 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: 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) | Place _____ | Date _____ |

Account Type: Business Account

Account Number:

Branch Code:

Branch Name: