



NSFAS RENTAL AGREEMENT FOR 2024

between

VVMC (PTY) LTD for Accommodation @ Varsity Village POTCHEFSTROOM

Cell Number: 064-756-2917

Email address: accounts@varsityvillage.co.za

Office Address: 101 Dwars Street
Die Bult
Potchefstroom
2531

Property Address:

**Die Bult
Potchefstroom
2531**

and

THE RESIDENT

Surname:

Full Names:

ID number:

Male / Female:

Cell Number:

Email Address:

Move-in Date:

Move-out Date:

Institution of study: NWU

Student Number:

Current year of Study:

Permanent Residential address:

NSFAS ROOM

Landlord Accreditation Number:

Room Nr:

ACCOMMODATION TYPES	ROOM OPTION (X)	ANNUAL AMOUNT	MONTHLY RENT (x10)
NSFAS Single Room		R 45 000	R 4 500
NSFAS Double Room		R 41 400	R 4 140



BURSARY DETAILS IF APPLICABLE: (YOU REMAIN LIABLE FOR YOUR ACCOUNT)

Name of Bursary:

Contact Number of Bursary:

Contact Person of Bursary:

Amount Awarded by Bursary:

MEDICAL HISTORY:

Allergies:

Medical Aid (if Applicable)

PARENT/GUARDIAN:

Surname:

Full Names:

ID number:

Cell Number:

Email Address:

Work Contact Details:

Permanent Residential address:

Postal Address:

RELATIVE OR FRIEND NOT RESIDING WITH THE STUDENT OR PARENT(S):

Name & Surname:

Cell Number:

Email Address:

Work Contact Details:



ACCEPTANCE OF AGREEMENT

STUDENT / RESIDENT:

I, _____, ID Nr _____, hereby acknowledge that I have read, understand and accept this Agreement.

SIGNATURE

VVMC

L. Robbertse
On behalf of VVMC

SIGNATURE *Lindie*