



RES ON BICCARD | 46 BICCARD STREET | BRAAMFONTEIN, 2000
HERTFORD OFFICE PARK | 90 BEKKER ROAD | VORNA VALLEY
OFFICE: +27 10 597 3256 | MOBILE WHATSAPP: +27 72 378 0872
EMAIL: admin@res365.co.za | REG NO: 1966/011463/07

RENTAL APPLICATION FORM FOR STUDENT RESIDENTIAL PREMISES

Address of the premises	("the Premises")
Date of Occupation and lease term	

DETAILS OF FIRST PERSON APPLYING TO RENT THE PREMISES (PARENT/ GUARDIAN)

Full name				
Maiden name (if applicable)				
Identity / passport number			(Certified copy to be attached)	
Date of birth				
Nationality				
Marital status				
If married:	community of property	A N C	accrual system	
Home telephone				
Work telephone				
Cell phone number				
Email				
Physical address				
Postal address				
Next of kin		contact number		
Are you the owner of the property where you currently stay?			y e s	n o

If no, please provide us with the following information:

Rental paid	R
Initial	

How long have you rented there?

Name of property practitioner / landlord

Contact number

BANKING DETAILS:

Bank

Branch

Branch code

Account number

Type of account

EMPLOYMENT DETAILS

Self-employed

y
e
s n
o

Occupation

Current employer

Employer's address

Period of employment

Gross monthly salary (before deductions
and tax)

(Certified copy of payslip
attached)

Nett monthly salary

(Certified copy of payslip
attached)

Currently monthly expenses

DETAILS OF THE SECOND PERSON APPLYING TO RENT THE PREMISES (STUDENT)

Full name

Maiden name (if applicable)

Identity / passport number

(Certified copy to be attached)

Date of birth

Nationality

If Foreign: Type of Visa

Student Visa

Asylum

Marital status

Initial

Home telephone	
Contact number	
Email	
Physical address	
Postal address	
Next of kin	contact number

Current accommodation information	
Rental paid	R
How long have you rented there?	
Name of property practitioner / landlord	
Contact number	

BANKING DETAILS:

Bank	
Branch	
Branch code	
Account number	
Type of account	

INSTITUTION DETAILS

Name of Institution	
Address	
Telephone number	
Email	
Course / Student number	
Year	
Period of course	

Initial

Have you (parent/ guardian) ever had any judgements / defaults granted against you?	y e s	n o
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If yes, please provide details

Are you (parent/ guardian) presently under, or have ever undergone, debt review proceedings?	y e s	n o
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If yes, please provide details

I / we declare that the information we have given in this application form is true and correct to the best of my / our knowledge and that I / we have not failed to provide any information which, if the Landlord of the Premises had known such information, would not have allowed the application to be successful.

I / we undertakes to inform the Landlord or his / her / its Property Practitioner in writing of any changes to any information provided in this application form. Upon acceptance of this application by the Landlord and the conclusion of a Lease Agreement, I / we agree to pay the following:

Deposit	R
Key deposit	R
Lease fee	R
Pro-rata rent	R
1st (First) month's rent	R
Total	R

Email address where the below documents must be submitted to ***admin@res365.co.za***

First Applicant	Second Applicant
Certified RSA Identity Document / Passport	Certified RSA Identity Document / Passport
Certified Proof of Current Address	Certified proof of current address
3 (Three) x Certified Payslips	Acceptance Letter from Institution
3 (Three) Months Original or Bank Stamped Bank Statements	Bank Account Letter
Verified SARS Tax Number	

Initial

I / We always agree and allow the Landlord to:

1. contact, request, and obtain information from any credit provider (or potential credit provider), bank or registered credit bureau that may be necessary to assess my / our behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness.

2. furnish information concerning the behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness of me / us to any registered credit bureau or to any credit provider (or potential credit provider) seeking a trade reference regarding my / our dealings with the Landlord.

DATED AT (place) ON 20

FULL NAME (PARENT/ GAURDIAN) SIGNATURE

DATED AT (place) ON 20

FULL NAME (STUDENT) SIGNATURE

Initial