

1. DETAILS OF STUDENT

Full Name and Surname: _____

ID/Passport No: _____ Country of Residence: _____

Cell No.: _____ Email: _____

Date of Birth (dd/mm/yyyy) ____/____/____ Age: ____ Female: Male:

Institution of Study: _____ Course: _____

Academic Year: FIRST SECOND THIRD OTHER

2. DETAILS OF PARENT / GUARDIAN / SPONSOR PAYING FOR ACCOMMODATION

Full Name and Surname: _____

ID/Passport No: _____ Country of Residence: _____

Cell No: _____ Email: _____

Current Residential Address: _____

Postal Address: _____

3. Requirement documentations

- Tenant ID
- Guardian ID
- Proof of residence
- 3 Months Bank Statement
- 3 Months Pay slips
- Signed consent Form

4. PAYABLE ON ACCEPTANCE OF APPLICATION

- Admin fee R 1000.00
- Breakages Deposit R 4200.00
- Admin Fee + Deposit + 1st Month's Fee must reflect in our bank account prior to occupation
- Please send Proof of Payment to: applications@bloomstudentliving.co.za

5. ANY MEDICAL HISTORY FOR OUR ATTENTION:

6. HOW DID YOU HEAR ABOUT BLOOM STUDENT LIVING:

Consent to Perform a Credit Check

In terms of the National Credit Act and the code of conduct governing the operations of credit bureaus, a credit check can only be performed with the consent of the individual upon whom the enquiry is being conducted.

Full details as indicated below must be completed prior to performing a TPN Enquiry.

1. The signatory consents to and authorises the service provider to:
 - 1.1. contact, request and obtain any information at any time and from any credit provider (or potential credit provider) or registered credit bureau in order to assess the behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness of the signatory; and
 - 1.2. provide any information about the behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness of the signatory to any registered credit bureau or to any credit provider (or potential credit provider) seeking a trade reference regarding the signatory's dealings with the service provider.
 - 1.3. The signatory acknowledges that the service provider will collect, use and process the signatory's personal information for the purpose of the application process and; performing their obligations in connection with the main agreement; pursuing their legitimate interests under the main agreement; and the general administration of the relationship between the signatory and service provider.

First Name (s): _____

Surname: _____

SA Identity / Passport Number: _____

Current Address: _____

Postal Code: _____

Province: _____

Cell Number: _____

Landline Number: _____

Signature: _____

Date: _____