

Parent/Guardian Details

Title: _____

First Name: _____

Surname: _____

ID/Passport No: _____

Nationality: _____

Date of Birth: _____

Cell Number: _____

Email Address: _____

Residential Address: _____

Postal Address: _____

Name of Employer: _____

Occupation: _____

Work Address: _____

Work Tel. Number: _____

Spouse Details

Full Name: _____

ID/Passport No: _____

Cell Number: _____

Email Address: _____

Work Tel. Number: _____

Please send the following information with your application

Copy of IDs/Passport (Applicant and Student)

Proof of Earnings: Payslip or 3 months Bank Statements

Proof of Registration/Acceptance at Place of Study

Letter of Bursar/Sponsor, if Applicable

Email: info@kingswayplace.co.za

Student Details

Title: _____

First Name: _____

Surname: _____

ID/Passport No: _____

Nationality: _____

Date of Birth: _____

Cell Number: _____

Email Address: _____

Institution of Study: _____

Year of Study (2019): _____

Course: _____

Monthly Income

Gross Salary (Applicant): R _____

Gross Salary (Spouse): R _____

Other Income (Specify): R _____

Total Income: R _____

Room Type

Single Room

How did you find out about us?

I certify that the information provided is true and correct

Signature: _____

Date: _____

Office Use

Approved	Yes / No
Room Number Allocated	
MDA Reference Allocated	

Web Address: www.kingswayplace.co.za