



KARIN BADENHORST

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Rental Application (Students) ADDRESS OF PROPERTY:

Applicant Information

Name:			
Date of birth:		ID NO:	Phone:
Current address:			
City:		Province:	
Own	Rent	(Please circle)	Monthly payment or rent:
			How long?
Previous address:			
City:		Province:	
Owned	Rented	(Please circle)	Monthly payment or rent:
			How long?

Parent Information

Name:			
Address:			
Phone:		E-mail:	Fax:
Employer:		Tel no:	

Emergency Contact

Name of a person not residing with you:			
Address:			
City:		Province:	Phone:
Relationship:			

Student Information

Student No:			
Course:			
Year:			
(Please attach copies of ID and Student Card)			

References

Name:	Address:	Phone:

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
Signature of co-applicant:	Date: