



FTT Block B

# BELL MANSKOSHUIS

## Application Form - Bell (Block B) - 2021

### UFS Accredited Private Residence

*(Off Campus Accommodation – not part of the University residence structure)*

#### Student/Resident details

Student Number	
ID Number	
Full Names	
Surname	
Physical Home Address	
Student Cell Number	
Student Primary Email	
Which educational facility do/ did you attend ?	
Course or grade completed / busy with 2020 ?	
Course and year off study enrolled for in 2021 ?	
Where did you hear about Bell ?	
Are you interested in a Bell Leadership Position ?	

#### Details of person who referred you (if relevant)

Did someone refer you ?	Yes	No	(Please circle answer)
<b>Name</b> of Person who referred you			
<b>Surname</b> of Person who referred you			
<b>Cellphone number</b> of Person who referred you			

#### Please mark in box next to Room Type Choice and where parking is required

ROOM AND PARKING OPTIONS	Yearly Fee	1 <sup>st</sup> Payment to confirm booking	10 monthly Payments due on 1 <sup>st</sup> day of Month Jan to Oct 2021	Mark box indicating Choice
Single room in 8 -bed cluster	R49 990 pa	R5 300	R 4 999	
Open parking (Yearly fee paid upfront to confirm)	R 2 400 pa	R2 400	N/A	
Under cover parking (Yearly fee pd upfront to confirm)	R 4 200 pa	R4 200	N/A	

**NB:** please ensure the correct person (the accountholder) completes this page, ie Parent / Guardian

**Details of person responsible for the Lease Agreement and for payment of account (Parent/guardian)**

Relationship to Student	Parent	Other	(Please circle answer)
If not parent, what is relationship to student?			
ID Number			
Full Names			
Surname			
Physical Home Address			
Cellphone (Primary)			
Tel (Home)			
Tel (Work)			
Email address (Primary)			
Email address (Work)			

**Employment Details of person responsible for payment of accounts**

Is person employed ?	Yes	No	(Please circle answer)
Name of Employer			
Employer contact number			
Physical Work Address			

**PERMISSION FOR FINISHING TOUCH TRADING 592 (Pty) Ltd TO DO A CREDIT CHECK - TO BE COMPLETED BY PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNTS (PARENT /LESSEE)**

I, hereby give Finishing Touch Trading (Pty) Ltd, permission to do a credit check and obtain necessary referrals on my behalf.

My net income is R \_\_\_\_\_ as can be viewed on my payslip after tax and other deductions.

Signed at \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

Signature \_\_\_\_\_

*If you don't have a bursary, simply circle No and Complete your Name, Surname and Signature below*

<b>Bursary details</b>			
Do you have an <b>Approved</b> bursary	Yes	No	(Please circle answer)
Name			
Surname			
Signature			

*\*if you are approved for a **NSFAS** bursary, complete this section*

<b>NSFAS STUDENTS ONLY</b>	<b>Attach Proof of NSFAS Approval</b>
NSFAS Reference No	
NSFAS Consultant/Contact Person <b>Full Name &amp; Surname</b>	
NSFAS Consultant Phone Number	
NSFAS Consultant Email	

*\*if you are the holder of any other bursary student, but **NOT** NSFAS, complete this section*

<b>BURSARY STUDENT</b>	<b>Attach Proof Bursary Acceptance</b>
Bursary Name	
Bursary Reference Number/Code (If applicable)	
Bursary Consultant/Contact Person <b>Full Name &amp; Surname</b>	
Bursary Consultant Phone Number	
Bursary Consultant Email	

### Approval of Accommodation Funding

I \_\_\_\_\_ am aware that I am fully responsible for my Oracle Submission (or any other equivalent submissions) to ensure my funding is received. If I do not meet the deadline for approval, or do not receive my funding for any reason, I understand that I will still be responsible and liable for the full payment of my account.

Signature \_\_\_\_\_

**HIGH SCHOOL CAREER**

<b>SCHOOL NAME</b>			
<b>TOWN / CITY</b>			
<b>MATRIC YEAR</b>			
<b>LEADERSHIP POSITIONS</b>			
<b>ACADEMIC ACHIEVEMENTS</b>			
<b>CULTURAL PARTICIPATIONS AND MUSICAL INSTRUMENTS PLAYED</b>			
<b>SPORT PARTICIPATIONS</b>	<b>SPORT TYPE</b>	<b>POSITION</b>	<b>TEAM</b>
<b>OTHER ACHIEVEMENTS AND INTERESTS</b>			

**TERTIARY PLANNING FOR YEAR OF APPLICATION**

<b>INSTITUTION (Eg. UV)</b>	
<b>COURSE (Eg. B.Sc. AGRIC)</b>	
<b>ACADEMIC YEAR (Eg. 1st, 2nd , 3rd etc)</b>	
<b>PLANNED PARTICIPATION AT INSTITUTION WHERE YOU WILL STUDY</b>	

**Please send to:**  
 Marissa Laing  
 Facility Manager

Cell: 064 621 9199  
 Office: 051 436 1621  
 Email: [blocka@ftbloem.co.za](mailto:blocka@ftbloem.co.za)