



# SOUTHERN AFRICA NAZARENE UNIVERSITY

## APPLICATION FOR ROOM & BOARD 2017/2018 ACADEMIC YEAR

Please complete this form and submit on or before 28 July 2017.

I ..... apply for accommodation in the University Boarding facility. Please be informed that if the information in this form has changed, you are requested to provide current information to update SANU data systems. Changes must appear in the column designated for UPDATED DATA.

### ENROLMENT DATA

STUDENT NUMBER :  
 COMPUTER NUMBER (Government) :  
 SURNAME :  
 NAMES :  
 PROGRAMME CODE :  
 YEAR OF ENROLMENT :  
 YEAR OF CURRENT REGISTRATION :  
 SEMESTER :

### UPDATED DATA

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### FOR OFFICE USE

### PERSONAL INFORMATION

SURNAME :  
 FIRST NAME(S) :  
 PREVIOUS NAMES :  
 SEX :  
 DOB :  
 MARITAL STATUS :  
 CITIZENSHIP :  
 PIN :

### UPDATED DATA

\_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### CONTACT INFORMATION

CELL PHONE :  
 POSTAL ADDRESS :  
 CITY/TOWN :  
 REGION :  
 CODE :  
 COUNTRY :  
 E-MAIL ADDRESS :

### UPDATED DATA

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### MEDICAL INFORMATION

MEDICAL PRACTITIONER'S NAME :  
 CONTACT NUMBER :

### UPDATED DATA

\_\_\_\_\_  
 \_\_\_\_\_

### NEXT OF KIN

SURNAME :  
 FIRST NAME(S) :  
 RELATIONSHIP :  
 CONTACT NUMBER :  
 PHYSICAL ADDRESS :  
 CITY/TOWN :

### UPDATED DATA

\_\_\_\_\_  
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### SERVICES RECEIVED

ROOM & BOARD :  
 MEALS :

### UPDATED DATA

\_\_\_\_\_  
 \_\_\_\_\_

Please state the Name of your sponsor:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Postal Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Postal Code

Contact Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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E-mail address

Sponsor's Signature: .....

Date:.....

Does your sponsorship **include** Room & Board as a package in your funding? Please tick [v] as appropriate: YES [ ] NO [ ]

I do accept that:

- a) The University reserves the right to provide accommodation to full time registered students.
- b) In the event that there is limited space in the Boarding Facility, accommodation shall be provide based on the distance travelled from home to the University and other factors that the University may consider in making the decision to grant accommodation.

Student's Signature: .....

Date:.....