311 Musgrave Road DURBAN 4001



002-181 NPO VAT No : 447 010 4672 2025/508645/08

031 201 5121

www.durbanchristianresidence.com

(Applicant)

info@durbanchristianresidence.com

## **APPLICATION FOR RESIDENCE**

PERSONAL PARTI	ICULARS OF A	PPLICANT						
SA Identity Number/Passport Number								
Title								
Surname								
First Names								
Date of Birth				Gender	Male		Female	9
Population Group (compulsory) Indicate with a tick V (according to legal requirements and government reporting purposes this section must be completed)			J	African	Coloured	Indian		White
Mobile Number				Whatsapp Number				
Email								
Christian	Yes	No		Denomination				
PERSONAL PARTI	ICULARS OF A	CCOUNT PAYER	R PA	ARENT/GUAF	RDIAN/SPON	ISOR (IF A	PPLIC	ABLE)
SA Identity Numbe				-	•	•		<u> </u>
Title								
Surname								
First Names								
Mobile Number				Whatsapp Number				
Email								
Postal Address								
TYPES OF ACCOMI	MODATION AN	D FFFS						
Type of Accommodation				Date R	equired	Deposit		
				From	Until	Admin fo	ee	R1 200
						Monthly		
Admin Fee (Payable			Pro Rata					
(Residence Fees are subject to an annual increase, re				er to your leas	Parking			
Banking Details: First National Bank (FNB)						Fridge Total		
Account Name: The Durban Christian Residence				ce		Total		
Branch: Musgrave Branch (221126)								
Account Number:	54 99 00 4	17 937						
I hereby consent to	o a credit check	on both Applica	nt a	and Account Pa	ayer			
Signature				Signature				

(Parent / Guardian)

PERSONAL PARTICULARS OF FATHER	
SA Identity Number/Passport Number	
Title	
Surname	
First Names	
Mobile Number	Whatsapp Number
Email	
Postal Address	
PERSONAL PARTICULARS OF MOTHER	
SA Identity Number/Passport Number	
Title	
Surname	
First Names	
Mobile Number	Whatsapp Number
Email	
Postal Address	
UNIVERSITY/COLLEGE PARTICULARS	
University/College	
Course enrolled	
Faculty	
Student Number	
COMPANY PARTICULARS – IF APPLICABLE	
Company Name	
Department	
Company Employee Number	
Company Telephone Number	
CHARACTER REFERENCES	
CHARACTER REFERENCES	
Name	Contact Number
Name	Contact Number
Name	Contact Number
Dated and signed atthis	day of202
Signature(Applicant)	Signature (Parent / Guardian)