

## APPLICATION FORM - 2020

### 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@richmondlife.co.za](mailto:info@richmondlife.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 (2020): \_\_\_\_\_

Course: \_\_\_\_\_

### Monthly Income

Gross Salary (Applicant): R \_\_\_\_\_

Gross Salary (Spouse): R \_\_\_\_\_

Other Income (Specify): R \_\_\_\_\_

Total Income: R \_\_\_\_\_

### Room Type

Single Room

Sharing 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.richmondlife.co.za](http://www.richmondlife.co.za)