



Capital Centre Building
 Werner List Street
 P.O. Box 40194
 Ausspannplatz
 Windhoek

APPLICATION FORM

APPLICATION STATUS										
New Application		Re - Application								
Single Room		Twin Room		Triple Room		Quad Room				
Where have you heard about us										
Facebook		Instagram		Web Page		Flyer		Referral		Other
If referral/other										

PERSONAL INFORMATION									
Surname:		Name:							
Id Number: (passport number)		Date of Birth:		Male		Female			
		Residential Address			Town				
Postal Address			Country						
Contact (H)		Contact (W)			Mobile				
Email									

Room Type	Month to Month		Long Term	Duration	
Single Room	N\$ 3,998.00		N\$ 3,630.00	12	
Twin Room	N\$ 2,985.00		N\$ 2,915.00	11	
Triple Room	N\$ 2,298.00		N\$ 2,750.00	10	
Quad Room	N\$ 2,298.00		N\$ 2,199.00	10	

Institution of studies			
Name of University/college			
Faculty			Duration of Studies

NON-NAMIBIAN CITIZEN

Country of Origin		Passport Number		Expiry Date	
Type of Permit		Permit Number		Expiry Date	

PHYSICAL CHALLENGES

Are you physical challenged, illness, severe allergies, problem with vision or hearing or other health problem that would affect your studies?	Yes		No	
If yes, please specify:				

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PARENT / GUARDIAN DETAILS

Full Name				Relationship	
Home Address				ID Number	
Postal Address		Town		Country	
Contact (H)		Contact (W)		Mobile	
Email					

NEXT OF KIN*(IN CASE OF EMERGENCY)*

Full Name					
Relationship				ID Number	
Contact (H)		Contact (W)		Mobile	
Email					
Physical Address					

PAYMENT DETAILS							
<i>Please select one of the following options which is applicable</i>							
Self-funded		Government loan / Bursary (NSFAF)		Bursary		Other	
Name of Person / Institution responsible for payment							
Postal Address							
Email Address							
Contact Details							

Bank Details
United Africa Hospitality Standard Bank Account No: 241 950 759 Branch Code: 087 373 Branch: Corporate Reference: Name & Surname

DECLARATION

I, _____ ID / Passport No. _____, hereby declare that all information given in this application form is true and correct. I further declare that my enrollment shall be subject to the terms and conditions contained in the agreement.

Applicant Signature

Parent /Guardian Signature

Name:

Date:

Name:

Date

APPLICATION CHECK LIST

Please ensure that you attached all required documentation along with your application form.

Check List	
Duly complete application form	Institution acceptance letter
Certified copy of ID	NSFAF allocation letter
Certified copy of Passport *	Proof of loan/bursary acceptance letter
Certified copy of study permit*	Recent payslip of payer
	3 Months latest bank statement
	Recent utility statement (Payer)

***Non-Namibian Citizens, please include in addition to other documents require**