



QSL STUDENT ACCOMMODATION

APPLICATION FORM 2024

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

Student Details

Title: _____

First Name: _____

Surname: _____

ID/Passport No: _____

Nationality: _____

Date of Birth: _____

Cell Number: _____

Email Address: _____

Institution of Study: _____

Year of Study: _____

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
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Room Number Allocated

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MDA Reference Allocated

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www.qslrent.co.za

info@qslrent.co.za