



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@richmondcentral.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.richmondcentral.co.za