



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: _____

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