

Registered with the Department of Education as a private higher education institution under the Higher Education Act, 1997.
Registration Certificate Number 01HB08

APPLICATION FOR RESIDENCE ACCOMMODATION

1. Student Information

Surname _____ First names _____

MGI Student No _____ UNISA Student No (if applicable) _____

Gender: Male / Female Age _____ ID / Passport No _____

Academic Programme _____ Academic Year _____

Email _____ Tel _____ Cell _____

Nationality _____ Country _____

If you have a car which you intend to park at the residence, you must provide the Car Registration no _____

Please attach the following documents:

1. Latest exam results (matric, MGI or UNISA)
2. Copy of study permit
3. Recent picture of applicant and medical aid documents for emergencies
4. This document is only an application for the residence accommodation and is therefore binding upon neither the applicant nor MGI.
5. You will be informed of the outcome of your application after the selection process has been completed.

2. Medical Aid Information

Name of Medical Aid _____ **Attach copy of Medical Aid Card**

Membership number _____ Principle Member _____

Please mark (X) all relevant medical history: Chronic heart problems ____ Diabetes ____ Kidney problems ____ Asthma ____

Allergies.(list them) _____

Other (describe) _____

If you do not have medical aid, do you need assistance in getting a medical aid? Yes No

3. Next-of-kin details (to be contacted in case of emergency)

Note that this section should only be completed if your next-of-kin is NOT your parents or guardian

Surname _____ First names _____

Email _____ Tel _____ Cell _____

Postal address _____

4. Accommodation and Payment Information

A **deposit of R3,300.00** is payable immediately. This is a damage deposit that will only be refundable after the residence contract has expired and all outstanding residence fees have been paid in full. **Note that the Residence Fees increase each year. No securing fee options are available.**

Preference: Single / Double Note that single and double rooms are available. The double room fee is less than the single room.

Payment options available: _____ Calendar Year that accommodation is required _____

1: Upfront payment (Full amount payable upfront on or before commencement date)

2. Monthly payments (Double instalment due on commencement and remaining balance with 10 instalments payable February to November)

5. Declaration by Student and Parent / Guardian

I, the undersigned applicant, duly assisted as legally required by the undersigned parent or guardian, hereby confirm that I understand the provisions of this application and hold myself bound thereby and by the rules and regulation of the Residence and the Midrand Graduate Institute, for the time being in force or as they may be altered, for any period that I am a registered student and for the full period of residency. No indulgence which Midrand Graduate Institute may extend to the applicant shall in any way prejudice the former's rights in terms of this application and shall furthermore not be construed as a waiver by the Residence or Midrand Graduate Institute of any of its rights under this application. I certify that the information given in this form is accurate and complete. I also confirm that if I should cancel before this contract expires that I will remain responsible and liable for the full residence fees unless the room can be filled with another student.

Signature of applicant _____ Date _____

And I, the undersigned parent / guardian, assist the above-mentioned applicant in all respects in making this application and holding himself/herself bound by all the provisions thereof and by the rules and regulations of the institute for the time being in force or as they may be altered; I consent to the said application and to the rules and regulations of the institution for the time being in force or as they may be altered; and I certify that the information given on this form is accurate and complete. I also confirm that if I should cancel before this contract expires that I will remain responsible and liable for the full residence fees unless the room can be filled with another student

Parent / Guardian Name _____ Surname _____

Signature of Parent / Guardian _____ Date _____

6. Declaration by Account Payer

I, the undersigned Account Payer, hold myself responsible for and undertake to pay all fees and charges payable to the institute in respect of the said applicant as and when they fall due for payment, for any period for which the said applicant is or may become a registered student of MGI and/or commences leasing a room in the campus residence. I also confirm that if I should cancel before this contract expires that I will remain responsible and liable for the full residence fees unless the room can be filled with another student

Account Payer Name _____ Surname _____

Email _____ Tel _____ Cell _____

ID/Passport No _____ Fax _____

Physical address

Signature of Account Payer _____ Date _____

Please attach the following documents:

1. Certified copy of the account payer's identity document and/or passport.

Note that we reserve the right to remove students from the residence (48 hour notice) if accounts are not being kept in a current status.