



Please attach non-refundable passport-sized Color photograph

STUDENT ACCOMMODATION APPLICATION FORM

Instructions

- 1. Please complete this form clearly in pen and use BLOCK LETTERS.
2. A passport-sized color photograph.
3. An application fee of RM100.00 is payable on submission of this form. This Application Fee is non-refundable.
4. This Application Form is the property of Berjaya University College of Hospitality.
5. It is your responsibility to advise Berjaya University College of Hospitality regarding any change of address.

Please complete and send your application to:

Department of Student Services
Berjaya University College of Hospitality
Level 11 West Wing Berjaya Times Square
No 1 Jalan Imbi 55100 Kuala Lumpur
MALAYSIA
Telephone: 603-2687 7000
Fax: 603-2687 7001

Website: www.berjaya.edu.my

STUDENT'S PERSONAL DETAILS

Name in IC/Passport: \_\_\_\_\_ IC/Passport No: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ (dd/mm/yy) Sex: M / F Religion: \_\_\_\_\_
Permanent Address: \_\_\_\_\_
Postcode: \_\_\_\_\_
Home Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_
Fax No: \_\_\_\_\_ Email: \_\_\_\_\_
Programme: \_\_\_\_\_ Intake: \_\_\_\_\_
Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_
Home Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Please indicate your choice of accommodation (choose ONE only)

Type of Accommodation [ ] NATWEST Residence [ ] Golden Triangle Residence [ ] The Klang Valley Residence
Type of Room [ ] Single [ ] Twin-Sharing

I fully understand and agree to comply with the conditions of Accommodation Reservation (as attached).

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_
Cash/Cheque/Money Order/TT: \_\_\_\_\_ Amount: \_\_\_\_\_

For Applicants Aged Below 21

I, \_\_\_\_\_ parent/guardian of the above named applicant, fully understand and agree to comply with all the terms and conditions of stay.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only
Date Received: \_\_\_\_\_ Payment received details: \_\_\_\_\_
Room Assigned: \_\_\_\_\_ Cash/Cheque/Money Order/TT: \_\_\_\_\_
Resident No: \_\_\_\_\_ Amount: \_\_\_\_\_