

## Vaal University of Technology

Your world to a better future

## Financial Aid Bureau - NSFAS Students

## **Claim Form - Private Accommodation**

STUDENT DETAILS:		
Title: Name:	Surname:	
Student Number:	Campus:	
Contact Number:	Email:	
Identity Number:	(Attach certified copy)	
LANDLORD DETAILS:		
Title: Name:	Surname:	
Street Address:		Number of Beds:
Contact Number:	Email:	
Identity Number:	(Attach certified copy)	
LEASE AGREEMENT DETAILS:		
Rent per Month:	Rent Per Annum:	_ Lease duration (months):
Start Month:	Room Number:	

AUTHORIZAT	ON:
	al University of technology (VUT) to pay my accommodation allowance amount available on my student hal bank account and it is my responsibility to pay the landlord.
Signature of Student:	Date:
	e VUT and hold the VUT harmless against any claim(s), either in contract or in delict, or any other cause erson in any capacity, which may arise from such payment
Signature of Landlord	l:Date:
	FOR OFFICE USE
FAO Advisor:	Date Received:
FAO Advisor:	Date Captured:
FAO Advisor:	Date verified and reported:
REQUIRED DO	OCUMENTS TO CLAIM FOR PRIVATE ACCOMMODATION
AFFIDAVIT N MONTH.	MUST BE DONE BY THE LANDLOARD STATING HOW MUCH IS THE STUDENT PAYING PER
LATEST CER	RTIFIED OR ORIGINAL PROOF OF LANDLORD'S ADDRESS (MUNICIPALITY ACCOUNT).
LATEST CER	RTIFIED LANDLORD'S ID COPY (NOT OLDER THAN 3 MONTHS)
COPY OF S <sup>-</sup>	TUDENT CARD.
• CERTIFIED	D COPY OF THE STUDENT.