

APPLICATION

PARK MEWS
1 Princess Place, Cnr
Queens Road
Parktown

074 118 7199
info@parkmews.co.za
parkmews.co.za

PARENT / GUARDIAN DETAILS

Title:
First Name:
Surname:
ID/Passport No:
Nationality:
Date of Birth:
Cell Number:
Email Address:
Residential Address:
.....
.....
Emergency Contact:
.....
.....

STUDENT / APPLICANT DETAILS

Title:
First Name:
Surname:
ID/Passport No:
Student No:
Date of Birth:
Cell Number:
Email Address:
Institution of Study:
Year of Study (2024):
Course:
.....

ROOM TYPE

Single Room Sharing Room

FUNDING

Private Paying NSFAS Funding
 Bursar Other

Name of Bursar/Other:
.....

PLEASE SEND THE FOLLOWING DOCUMENTS:

1. Copy of IDs or Passport (Guardian and Student)
 2. Proof of Earnings: Payslip or 3 months bank statements
 3. Proof or Registration or Acceptance at place of study
 4. Letter of Bursar or Sponsor, if applicable
 5. NSFAS Confirmation of funding
- Send to: info@parkmews.co.za

HOW DID YOU FIND OUT ABOUT US?

Google
 Word of Mouth
 Returning Student
 University
 Building
 Other

I certify that the information provided is true and correct

Signature:

.....

Date:

.....

OFFICE USE



Approved Yes | No
Room Number Allocated:
MDA Reference Allocated:
.....