



**PRIVATE ACCOMMODATION APPLICATION FORM 2022**

(PLEASE PRINT CLEARLY)

OWNER/COMPANY'S DETAILS				
Title (Mr./Mrs./Ms):				
Name(s):				
Surname:				
Company Name:				
Company Registration No:				
VAT No:				
Residence Name:				
Accreditation Year Applying for:				
RESIDENCE ADDRESS				
Street:		Suburb/Town:		
City:		Province:		
Postal Code:				
<b>TYPE OF PROPERTY:</b> <i>(Please indicate by ticking the empty box as to which property the accommodation falls under)</i>				
Big Property (50 and more beds)	<input type="checkbox"/>	Small Property (1 – 49 beds)	<input type="checkbox"/>	
ROOMS DESCRIPTION				
Number of Beds:				
Type of Rooms:	Single Rooms:	<input type="checkbox"/>	Double Rooms:	<input type="checkbox"/>
OWNER/COMPANY'S CONTACT DETAILS				
Home Tel:		Cell No:		
Office Tel:		Fax No:		
Email Address:				
Company Website:				
OWNER/COMPANY'S BANKING DETAILS				
Bank Name:				
Account Holder's Name:				
Branch Code:				
Account Name:				
Reference:				

ACCREDITATION and ADMINISTRATION FEE			
<b>Accreditation Application Fee:</b> <i>Please note that the application fee is non-refundable.</i>	<b>Less than 49 Beds</b> R3500.00		<b>More than 50 Beds</b> R5000.00
<b>Administration Fee:</b> <i>Monthly</i>	6% per month		
<b>Accreditation Application fee is payable to the below VUT Banking Details:</b>			
<b>Bank Name:</b>	Absa Bank		
<b>Account Number:</b>	530861945		
<b>Branch Code:</b>	632005		
<b>Account Name:</b>	Vaal University of Tech		
<b>Reference:</b>	Building Name		
<b>Please email the application form and proof payment to:</b>	<a href="mailto:accreditation@vut.ac.za">accreditation@vut.ac.za</a>		
ACKNOWLEDGEMENT			
<b>Applicant signature:</b>		<b>Date:</b>	
<b>Witness signature:</b>			
COMPLIANCE DOCUMENTS			
	Checklist		
	Yes	No	
Accreditation application form submitted			
Proof of payment			
Proof of ownership			
Proof of zoning			
Latest municipal account			
Proof of banking details			
Proof of Wi-Fi installation (Certificate)			
Signed Covid-19 Compliance Certificate			
Latest Building Plan (Approved by Municipality)			
2021 Occupancy Certificate			

## COVID-19 COMPLIANCE CERTIFICATE

I, the undersigned, hereby accept responsibility to ensure that the regulations issued in terms of section 7(2) of the Disaster Management Act 2002, are properly implemented in our premises.

I have familiarised myself with following:

1. Regulations issued in terms of Section 27(2) of the Disaster Management Act 2002
2. The Occupational Health and Safety Act and its regulations

Below is the checklist of the minimum requirements to ensure compliance to the Covid-19 regulations.

	Yes	No	Comments
1. COVID-19 Posters on entrance and bathroom			
2. Social Distancing stickers and arrows for students			
3. Sanitizer in kitchen			
4. There is a visitors register			
5. Students to wear their mask all times			
6. Frequently disinfecting shared spaces e.g. Bathrooms			
7. Ventilation in the building, encouraging student to keep windows at all times			

I hereby declare that all the above are in place and will continue to monitor and enforce compliance

<b>Names</b>		<b>Surname</b>	
<b>Signature</b>		<b>Date</b>	