



APPLICATION FORM

Арі	plicant Information				
Full Name:	Gender:				
Permanent Address:					
Phone:	Email:				
Month & Year of Admission:I.C	/ Passport No: Nationality:				
Religion: Date of Birth.:	Race:				
New Resident: Current Resident:	For Current Resident Please Fill in Your Room No.:				
Remark:					
Туре	of Room Applied For				
Master Bedroom with attached bathroom (Twin Sharing	g)				
Medium Bedroom with shared bathroom (Twin Sharin	g)				
Small Bedroom with Shared bathroom (Twin Sharing)					
Small Bedroom with Shared bathroom (Single Room)					
Optional: Mattress RM150.00	Air-Conditioning Car Parking Lot (RM80)				
Em	nergency Contact				
Name of Contact Person:	Relationship:				
Email:	Contact Number:				
Address:					
Disclaimer and Signature					
1) I declare that I understand and shall abide with all th	e terms & conditions as set out in the Handbook attached.				
2) I shall abide to all the residency rules, which is subje	ect to update and changes from time to time.				
3) I confirm that all the information given above is true a	and complete.				
4) I understand that this accommodation application is	subject to room availability.				
5) I understand that the Security Deposit and Utility Deposit are STRICTLY NON REFUNDABLE for any cancellation of application.					
Signature of Applicant	Date				

Applicant :	I.C / Passport No :	

Fees

Room Type	Master Bedroom with attached bathroom (Twin Sharing)	Medium Bedroom with shared bathroom (Twin Sharing)	Small Bedroom with shared bathroom (Twin Sharing)	Small Bedroom with shared bathroom (Single Room)
Security Deposit	RM 900	RM 700	RM 500	RM 900
Utility Deposit	RM 300	RM 300	RM 300	RM 300
Rental (1st Month)	RM 450	RM 350	RM 250	RM 450
Tenancy Agreement Stamp Duty	RM 10	RM 10	RM 10	RM 10
Total Initial Fee Payable	RM 1660	RM 1360	RM 1060	RM 1660

TAR UMT

Payable to: TAR UMT
By Public Bank Card / Banker cheque

The Real Property lies	P	rocedure
1) Approved by Department of S (allow 3 working days for proces) Approved / Not Approved Amount: Latest Date to Pay Fee: By Public Bank Card / Banker cl	ssing)	Resident's Signature:
2) Payment to Bursary Departme		Full Name: I.C/Passport No: Date: Refund / Rebate: Remark:
Date Sig	nature and Stamp	Date Signature and Stamp