



APPLICATION FORM

	Applicant 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 Resid	ent: For Current Resident	Please Fill in Your Room No.:
Remark:		
	Type of Room Applied For	TORSE TO SECURE
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)	
Optional: Mattress	RM150.00 Air-Conditionin	g Car Parking Lot (RM80)
	Emergency Contact	Charles In the State of the Sta
Name of Contact Person:		Relationship:
Email:	Cont	tact Number:
Address:		
	Disclaimer and Signature	
1) I declare that I understand and shall ab	ide with all the terms & condition	s as set out in the Handbook attached.
2) I shall abide to all the residency rules, v	which is subject to update and change	s from time to time.
3) I confirm that all the information given a	above is true and complete.	
4) I understand that this accommodation a	application is subject to room availabili	ty.
) I understand that the Security Deposit and Utility	Deposit are STRICTLY NON REFUNDABLE for a	ny cancellation of application.
Signature of Applicant		Data

Applicant : I.C / Passport No :	licant :	I.C / Passport No :	a		- J
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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

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

	Procedure	
Approved by Department of Student (allow 3 working days for processing) Approved / Not Approved Amount: Latest Date to Pay Fee: By Public Bank Card / Banker cheque	Room No.: _ Car Parking Resident's S	n at Teratai Residency office Check-In Date: Lot: ignature:
Date Signature Payment to Department of Finance Amount (RM): Receipt No.:	Full Name: I.C/Passport Date: Ind Stamp Refund / Rebain Remark:	No:
Date Signature a	nd Stamp Date	Signature and Stamp