



APPLICATION FORM

Ар	olicant 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	
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-Conditioning Car Parking Lot (RM80)
Er	nergency Contact
Name of Contact Person:	Relationship:
Email:	Contact Number:
Address:	
	aimer and Signature
1) I understand that the Security Deposit is STRICTLY2) I shall abide to all the residency rules, which is subjection.	NON REFUNDABLE for any cancellation of application.
3) I confirm that all the information given above is true	
I understand that this accommodation application is	
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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 w/th 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

Date

Payable to: TAR UMT By Credit / Debit Card / Banker cheque

Note: TAR UMT is collecting the above rental charges on behalf of Platinum Victory (Setapak) Sdn Bhd ("PVS") And any invoice will be issued by PVS directly to the applicant

) Approved by Department of Student Affairs (allow 3 working days for processing)	3) Registration at Teratai Residency office
Approved / Not Approved Amount: Latest Date to Pay Fee:	Resident's Signature:
By Credit / Debit Card / Banker cheque No.:	
	Full Name: I.C/Passport No: Date:
Date Signature and Stamp 2) Payment to Department of Finance Amount (RM): Receipt No.:	

Date

Signature and Stamp

Signature and Stamp