

SERVICE PROVIDER FORM 2024

A PARTICULARS OF STUDENT

CLIDNIANAE					INITIALS			
SURNAME		1	<u> </u>		INITIALS	2		
STUDENT NUMBER								
ADDRESS of property	/ leased							
						POSTAL CODI	Ξ	
B PARTICUL	ARS OF S	SERVICE P	ROVIDER	?				
SURNAME and INITIA	ALS / INAIVIE	JF AGENCY		1				
ID NUMBER		T		TEL NUMBE	R			
PHYSICAL ADDRESS								
						POSTAL CODE		
LEASE START DATE DD		MM	YYYY	LEASE END DATE		DD	MM	YYYY
RENTAL AMOUNT PE	R MONTH	ZAR						
SIGNATURE				DATE				
Please ensure that	the follow	ving inform	nation is in	ı ıcluded on	the LEA	SE AGREEM	ENT:	
. The lease agre		_						parent.
. The names of t	the parties	need to a	ppear on t	the lease a	greeme	nt: the less	ee (studer	nt/parent)
and the lessor	•	_	-					
. The lease agre				-		h.		
The rental address must appear on the lease agreement. Lease agreements that are entered into by the student's parent must state that the student the								
 Lease agreemed occupant of th 			-		•			
occupant).	e premise.	. (/III /Ida	znaam no	in the tand	tora asc	iany states	the stade.	ine is the
i. ID copies of the	e landlord	must be a	ttached (i	f not a rent	al agen	it).		
,				., the stud	ent, her	eby confirn	ns that all	the informati
on this Service Pro	vider Form	is true an	d correct a	and correla	tes with	the Lease	Agreemer	nt.
THE STUDENT WILL	BE HELD RE	SPONSIBLE	FOR ANY E	RRORS ON	THE FOR	M.		
CONTLIDE OF STUD				DATE				