



ADDRESS:
125 Progress Road
Lindhaven, Roodepoort
1724

CONTACT:
Tel: +27 11 760 6234
Fax: +27 11 760 4389
Email: enquiries@osvec.co.za

APPLICATION FORM

DATE OF OCCUPATION REQUIRED:

DETAILS OF TENANT

Full names of applicant:
.....

Surname: **Smoker: Yes/No:**

ID/Passport No/: **Country:**.....

Please state: Mr. Mrs. Ms. Dr. Other:.....

Marital Status: Single... Married... Separated... Divorced...Widowed..... (Mark with X)

Married: In/Out of community of property (specify)

Date of birth: **Age:**

Cell No:

Present Address:

Residential Address: **Tel:**

Institution of Study: **Email address:**

Student No: **Course:**

Year of study: **Cell/Tel No:**

Email address:
.....

Present Landlord/Agent: **Period:**

Contact (Telephone):



Wilson V. Bota
(Managing Member)

DETAILS OF LESSEE / TENANT'S PARENTS/GUARDIAN'S/SPOUSE/SPONSOR

Full Names:

Surname:

Cell no:

Residential Address & Code:

..... **Postal Code:**

Residential Email Address:

Residential Telephone No.: Country: ... Area Code:Tel. No......

ID No/Passport No:

Nationality/Country:

Age

Please state: Mr. Mrs. Ms. Dr. Other:

Marital Status: Single/Married/Separated/Divorced/Widowed

(Please Specify)

.....

Present Employer:

Type of business:

Occupation/Title:

Contact Person: **(To confirm employment)**

Employed Since: **Tel No:** **Fax No:**

Address:

Email Address: **Cell No:**

Monthly Income (Gross): **(Required in terms of Rent Act)**



Wilson V. Bota
(Managing Member)

BANKING DETAILS OF PERSON SIGNING LEASE:

Bank: Branch:

Current Account No:

Name of Account No:

Other Accounts (Specify):

THE FOLLOWING MUST BE ATTACHED TO THE APPLICATION FORM:

1. A COPY OF YOUR ID DOCUMENT (TENANT & LESSEE/PARENT/GUARDIAN/SPONSOR)
2. PROOF OF INCOME (PERSON/S SIGNING THE LEASE) (I.E COPY OF LATEST PAYSIP OR IF SELF EMPLOYED, LETTER FROM ACCOUNTANT CONFIRMING MONTHLY INCOME)
3. LETTER FROM UNIVERSITY / INSTITUTION CONFIRMING STUDENT NUMBER
4. VALID VISA (IF NOT A SA CITIZEN)
5. A COPY YOUR PASSPORT IS REQUIRED (IF NOT A SA CITIZEN FOR APPLICANT & PARENTS)
6. PROOF OF RESIDENTIAL ADDRESS (PERSON/S SIGNING THE LEASE)

DEPOSIT INTO:
Osvec Properties
FNB: 4 Merchant Place (200607)
Account Number: 62867252753

**NB: NO PETS OR ANIMALS ARE ALLOWED.
TENANT AGREES TO REPLACE LOST REMOTES/TAGS/KEYS, ETC. AT HIS/HER OWN EXPENSE**

I/We hereby declare that the details furnished herein are to the best of my knowledge and belief, correct and that, if my application is approved, I/we accept full responsibility for payment of rental per EFT/Stop Order (As agreed with the Landlord). No agreement of lease shall be deemed to exist between the landlord and the Tenant/s until the lease shall have been duly signed by or on behalf of the Landlord.

I/We hereby authorize the Landlord/His Agent to obtain any character references as well as credit vetting reports necessary.

DATE: SIGNATURE:

FIRST PERSON SIGNING LEASE (LESSEE)

DATE: SIGNATURE:

SECOND PERSON SIGNING LEASE (LESSEE)



Wilson V. Bota
(Managing Member)