

APPLICATION FOR RESIDENTIAL ACCOMODATION

An administration fee of E50.00 (non-refundable) must be paid via ENPF's Mobile Money @7828 0680 OR deposit at the bank – A/C no. 40000011322 – NEDBANK – MANZINI – 360264 (attach receipt)

This application is valid for the period of 3 months.

DATE: _____

Name of Building/Area Where Residence is required: _____

No. of Bedrooms required: _____

PARTICULARS OF APPLICANT

Surname: _____ First name (s): _____

Nationality: _____ Date of Birth: _____

PIN: _____

Contact Numbers: (w)_____ (h)_____

(cell)_____

Marital status: _____ No. of Dependents: _____

Postal Address: _____ Residential Address: _____

Email Address: _____

Preferred mode of Communication: _____

Number of persons to occupy the unit; Adults: _____ Children: _____

EMPLOYMENT/ ENTREPRENEUR DETAILS:

Name of Employer/Business: _____

Occupation: _____

Period of Service with Employer/in Business: _____

Workstation/department: _____

Monthly Salary: E_____ (attach copy of payslip)/ 3Months bank statements if you own business

Is your employer prepared to pay your rent? No Yes (if yes, attach proof from employer letter)

SPOUSE'S EMPLOYMENT DETAILS:

Name of Spouse: _____ PIN: _____

Email Address: _____ Cell No.: _____

Name of Employer: _____ Occupation: _____

Period of Service with Employer: _____ Monthly Salary: E_____ (attach copy of payslip)

CURRENT RESIDENTIAL DETAILS:

Current Residence: Hotel Home Sharing Renting
Own house

Period at Current Residence: 1-11months 1 year 2 years More than 3 years

Place of Residence: _____

Name of Landlord: _____

Landlord Contact details: _____

Rental Paid Per Month E_____

Reasons for Change of Accommodation: Employment Social Financial
Education Premises Needed by Landlord

PARTICULARS OF NEXT OF KIN:

Full Name: _____ Employer: _____

Contact Numbers: (w) _____ (h) _____ (c) _____

Residential Address: _____

Relationship: _____

DECLARATION

I/We declare the above to be true. I/We accept that the information I/we have given above may be used to investigate my/our credit record and report information concerning the credit experience of my account to a Credit Bureau and other. I/We concede that there is no assurance that my/our application shall be accepted.

Signed: _____
Applicant

At: _____

Date: _____

Attachments to be included

1. Copy of current pay slip/bank statement (3 months)
2. Copy of Personal Identity document
3. Proof of Residence
4. Proof of Residence Permits (**Non-Swazi**)

- **Please note applicant's credibility will be checked through ITC (Transunion Swaziland)**

For Official Use Only

APPLICATION REVIEW:

Outcome:

Approve:

Facilities Manager: _____ **Signature:** _____

Date: _____ **Premises No.:** _____

Decline: (If declined, please state reasons)

