



Channel accommodation

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Holiday, long and short term Business Accommodation

APPLICATION FORM

APPLYING FOR _____ Rent Amount _____

TITLE _____ FIRST NAMES _____ SURNAME _____

I.D. Number _____ (Copy of I.D. required) DOB ____ / ____ / ____

CELL _____ HOME _____ WORK _____

FAX _____ EMAIL _____

MARITAL STATUS _____ NO OF DEPENDANTS/ CHILDREN _____ AGES _____

NO OF PERSONS TO OCCUPY PREMISES _____

PRESENT RESIDENTIAL ADDRESS _____

PRESENT LANDLORD _____ Contact Number _____

Previous Address _____ Code _____

Previous Landlords _____ Contact Number _____

BANK _____ BRANCH _____ ACCOUNT NUMBER _____

Employer _____ Occupation _____

Contact Person _____ Tel _____

Length of Service _____ Monthly Income _____ (Proof of income required)

Spouse's name _____ I.D. Number _____

Employer _____ Occupation _____

Contact Person _____ Tel: _____

Length of Service _____ Monthly Income _____

Supply 2 Places where you have purchased on account:

1) _____ A/C No. _____

2) _____ A/C No. _____

Name & Telephone of 2 References: (State Relationship)

1) _____ Tel. _____

2) _____ Tel. _____

I hereby grant Channel Accommodation permission to do a credit check to determine my credit rating.

Sign: Date ____ / ____ / ____

PLEASE NOTE: When depositing money into the Channel account the best method is a direct transfer. If cash is deposited into the account bank charges will be incurred. Cash payments will be accepted at our offices provided prior arrangements have been made. Cheque deposits are not acceptable as it can take 10 working days for the payment to reflect in our account. Unfortunately we cannot hold a property while this takes place. **Please fax your deposit slip to - 021 434 8125 with the unit number as a reference.**

**BANK DETAILS: Bank: Standard Bank
Name: ERF 4924 MONTAGUE GARDENS ONE CC
Branch: 020909 (Thibault Square)
Account No: 07 09 21 466**