



SOL PLAATJE RESIDENCE

NELSON MANDELA
UNIVERSITY

Date

VISITORS PERMIT

VISITOR INFORMATION

Visitor's name:

Visitor's Address:

Visitor's contact number:

Gender:

Reason for visit:

Relationship to a room owner:

Who can be contacted in case of emergency:

Contact number:

ROOM OWNER INFORMATION

Room owner's name:

Student number:

Room number:

Signature of the room owner: Date:

Signature of the visitor: Date:

Signature of a roommate: Date:

Signature of the House Com: Date:

Res Manager's signature: Duration: Date:

Date From: To:

PLEASE NOTE: If a visitor exceeds the time given to him/her according to the policy of visiting hours, he/she will be charged of breaking the rules and that the room owner will be taken to a disciplinary hearing. The security officers will go and remove the visitor from the room and that both a visitor and the room owner will have to submit written statements to the security office.

“House of Responsible Minds”