



## APPLICATION FOR REFUND OF BREAKAGE DEPOSIT

<b>Date:</b>	
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<b>Student Number</b>									
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<b>Full Names</b>			
<b>Residence</b>		<b>Room no</b>	

**This is to advise that the above-mentioned student not longer requires accommodation in the Residences.  
Please refund any funds owing to them.**

<b>Will collect cheque?</b> <i>(Please tick where applicable)</i>	YES		NO	
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*If no please provide address to which funds can be forwarded to:*


<b>Contact details:</b>	Telephone		Cell	
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**Comment by Residence Official:**


**SIGNATURE OF APPLICANT**

**SIGNATURE OF RES OFFICIAL**