

DATE OF RESERVATION: / /

PERSONAL DETAILS

PREFERRED TITLE

(ie - Mr/Mrs/Miss)

FIRST NAME:

LAST NAME:

EMAIL ADDRESS:

HOME ADDRESS

Name/Number/Street:

Town: City:

County: Postcode:

Country:

Telephone number:

Mobile number:

Home from date:

Home to date:

Nationality:

Matriculation No.:

N.I. No.:

Marital Status:

Religion:

Date of Birth:

CURRENT TERM ADDRESS

Name/Number/Street:

Town:

City:

County: Postcode:

Telephone number:

Corresp. From Date:

Corresp. To Date:

Contract length in weeks

When do you want your contract to start?

UNIVERSITY/COLLEGE DETAILS

University/College:

Course:

Full Time: Part Time:
 Status: Undergraduate Postgraduate

What is your year of study in September?

Accommodation Preferences INDIVIDUAL ROOM APPLICATION

ALL ROOMS ARE DELUXE

GROUND FLOOR

FIRST FLOOR

SECOND FLOOR

THIRD FLOOR

Please describe any special preferences concerning your accommodation:

Do you smoke?

YES: NO:

Are you a vegetarian?

YES: NO:

Disabled access?

YES: NO:

Single sex area?

NO PREF: YES: NO:

Room with other vegetarians?

YES: NO:

Do you go to bed early?

NO PREF: YES: NO:

GROUP APPLICATION

All group members must fill out an application form.

Please list the names of those within your group.

Preferred room numbers if group booking:

APT No.

Rm No.

Name 1:

Name 2:

Name 3:

Name 4:

Name 5:

GUARANTOR ADDRESS

Person Name

Name/Number/Street:

Town:

City:

County:

Postcode:

Telephone:

Mobile:

NEXT OF KIN

Person Name

Name/Number/Street:

Town:

City:

County:

Postcode:

Telephone:

Mobile:

WOULD YOU LIKE YOUR ROOM TO BE CONNECTED TO OUR BROADBAND SERVICE?

YES: NO:

RENT P.W EXCL OF ENERGY £

PAYMENT METHOD - PLEASE TICK WHICH DEPOSIT YOU ARE PAYING. THE RESERVATION RENT MUST BE PAID ON BOOKING. PLEASE NOTE THAT THE FULL BOND DEPOSIT MUST BE PAID WHEN SIGNING THE CONTRACT.

Reservation Rent (£150.00) Bond Deposit (£350.00) - Charge my credit card or Charge my debit card

I have enclosed a cheque (made payable to: B-Spoke Mortgages & Property Management Ltd.) Visa Card Master Card Maestro Solo

Card Number:

Card Issue Number:

Last 3 card signature digits/CSV:

Expiry Date:

Name on Card:

Signature: