

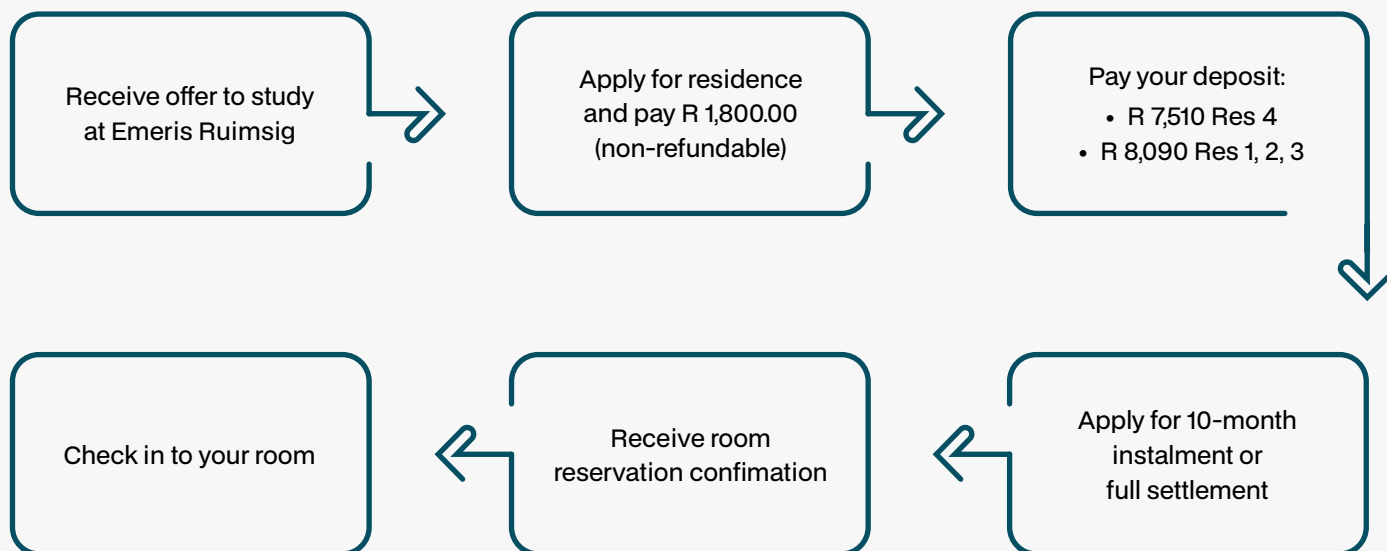
Residential Contract



CONTRACT REQUIREMENTS & PROCESS

This request will **ONLY** be processed if:

- Admission into an academic qualification does not automatically imply occupation of any of Emeris Ruimsig Residences. The application for accommodation must be submitted by email to residence.rmg@emeris.ac.za
- The following process should be followed to be admitted/occupy an Emeris Ruimsig Residence room:



- If the student is no longer interested to be placed in a residence, the student must inform the residence office via email residence.rmg@emeris.ac.za, refer to the acceptance condition on the last page
- Should Emeris Ruimsig Residences be fully occupied, a waiting list will be compiled, and students will be contacted (by email or telephone) as soon as a room becomes available
- The residence administration fee does not confirm that your application is successful. The proof of payment must reflect your application (AP) or student number (ST) as the reference
- If you are successful, you will receive a confirmation email.

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Student or AP Number & Initials: _____

PLEASE NOTE: There is a very high demand for accommodation; it is recommended that you apply as early as possible. Offers for accommodation are on a “first come first served basis”.

This Application Form must be forwarded by email, or hand delivered to:

Emeris Ruimsig Residence Offices
144 Peter Road, Ruimsig, Roodepoort, Gauteng, 1724, South Africa
Telephone +27 11 950 4017 / 4093
Email: residence.rmg@emeris.ac.za

Your Student Residence

For your application to be processed **ALL SECTIONS** must be completed.

ID / PASSPORT
PHOTO HERE

Please write in CLEAR block letters only.

SECTION A: PERSONAL DETAILS

South African ID Number:

Passport Number (International Applicant):

Title: _____ Surname: _____

First Names: _____

Date of Birth: _____ Gender: ☐ M ☐ F ☐ NON-BINARY ☐ PREFER NOT TO STATE

Race - Please indicate below with an X: (In accordance with legal requirements and government reporting purposes this section is compulsory and must be completed)

☐ AFRICAN ☐ COLOURED ☐ INDIAN ☐ ASIAN ☐ WHITE Other (Please specify): _____

CONTACT DETAILS:

Telephone (Home): _____ International Cell Phone: _____

Telephone (South African Mobile): _____

Personal Email Address: _____

Emeris Student Email Address: _____

PLEASE NOTE: Confirmation of accommodation allocation is issued by email. Applicants must provide a current and reliable email address.

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SECTION B: ACCOUNT PAYER DETAILS

B.1: ACCOUNT PAYER (STUDENT)

Occupation (Position and Title): _____

Employer / Company Name: _____

Cell Number: _____ Telephone (Work): _____

Email Address: _____

Employer / Company Address: _____

B.2: ACCOUNT PAYER (NOT THE STUDENT)

Relationship to Student: _____

Title: _____ Surname: _____

First Names: _____

South African ID Number:

Passport Number (Non-SA Citizen):

Cell Number: _____ Telephone (Home): _____

Personal Email Address: _____

Physical Address: _____

Occupation (Position and Title): _____

Employer / Company Name: _____

Employer Cell Number: _____ Telephone (Work): _____

Work Email Address: _____

Employer / Company Address: _____

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B.3: ACCOUNT PAYER

Who is the account payer? Please indicate below with an X:

☐

ACCOUNT PAYER (NOT STUDENT)

☐

COMPANY

☐

COMPANY SPONSORED

☐

LOANS / BURSARIES

VAT Registration Number: _____

Contact Person: _____ Contact Person Position: _____

Telephone (Work): _____

Email Address: _____

Account Payer (not student) / Employer / Company Address:

I, the undersigned, hereby acknowledges that I am truly and justly indebted to Emeris (Referred to as "the Creditor") for 2026 residence fee. I further confirm that in the event of my failing to make payment promptly on due date, Emeris has the right to demand the immediate payment of the total amount owing and hand over my account to the legal department and student will be suspended from classes on campus. In addition, the student's results will be withheld, and the student will not graduate until the account has been settled in full.

Account Payer Signature: _____ Date: _____

B.4: LOANS / EXTERNAL BURSARIES

Are you (THE STUDENT) a recipient of a student loan or external bursary? If yes, please provide details and attach evidence.

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Student or AP Number & Initials: _____

SECTION C: TYPES OF ACCOMMODATION AND FEES

PLEASE SELECT A PAYMENT PLAN

RESIDENCE	FULL SETTLEMENT	10 MONTHS INSTALMENT	APPLICATION FEE*
RESIDENCE 1, 2, 3	R 73 500	R 8 090	R 1 800
RESIDENCE 4	R 68 300	R 7 510	R 1 800

RESIDENCE 1, 2, 3

Please select (X)	Deposit	Deposit Due	Consecutive Instalments	Total Residence Cost
<input type="checkbox"/> A. FULL SETTLEMENT	N/A	N/A	N/A	R 73 500
<input type="checkbox"/> B. 10 MONTHS	R 8 090	Upon Application	31 Mar to 30 Nov 2026	R 80 090

RESIDENCE 4

Please select (X)	Deposit	Deposit Due	Consecutive Instalments	Total Residence Cost
<input type="checkbox"/> A. FULL SETTLEMENT	N/A	N/A	N/A	R 68 300
<input type="checkbox"/> B. 10 MONTHS	R 7 510	Upon Application	31 Mar to 30 Nov 2026	R 75 100

*Please note that the Application Fee is non-refundable.

Residence fees are subject to an annual increase each January.

Please visit [Fees & Finances | Emeris](#)

BANKING DETAILS

Beneficiary: Emeris

Bank: ABSA

Branch: 630637

Account Nr: 4120626083

Swift Code: ABSAZAJJ

Reference: ST or AP Number_RES

PLEASE NOTE: Whilst every attempt will be made to place applicants as per their preference, this may not always be possible.

Please indicate your preference (X):

Accommodation Start Date:	31 JANUARY 2026	<input type="checkbox"/>	30 JUNE 2026	<input type="checkbox"/>
Residence Preference:	RES 1, 2, 3	<input type="checkbox"/>	RES 4	<input type="checkbox"/>
Have you ever lived at Emeris Residence?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If YES, please indicate the year and which Residence:				

Residential Contract

Student or AP Number & Initials: _____

SECTION D: QUALIFICATION DETAILS

Qualification Name (if known): _____

Faculty: _____

Qualification Status: ☐ FULL-TIME ☐ GRADUATING MID-YEAR

Qualification Type: ☐ HIGHER CERTIFICATE ☐ UNDERGRADUATE ☐ POSTGRADUATE

SECTION E: EMERGENCY CONTACT DETAILS

In an emergency, I hereby grant Emeris Ruimsig Residence or their nominees the permission to contact the following person/s on my behalf:

Name: _____ Contact Number: _____

Email Address: _____

Relationship (e.g. mother, father, guardian, aunt, uncle etc): _____

Name: _____ Contact Number: _____

Email Address: _____

Relationship (e.g. mother, father, guardian, aunt, uncle etc): _____

SECTION F: PARTICULARS TO SUPPORT DISABILITY (IF REQUIRED)

The Institution must be informed of certain disabilities to determine whether it can make special arrangements to accommodate persons with such disabilities.

Would you require accommodation with modifications to support your disability?

If YES, please state nature:

PLEASE NOTE: All housing is self-supportive.

Residential Contract

Student or AP Number & Initials: _____

SECTION G: MEDICAL AID INFORMATION

Medical Aid Provider: _____

Medical Aid Number: _____ Main Member: _____

Main Member ID / Passport Number:

Main Member Mobile Number: _____

Relationship of the Main Member to you (e.g. mother, father, guardian, aunt, uncle etc):

Do you have any allergies or are you taking any medication that you like us to be aware of?

Have you had, or do you currently have, any psychological, emotional or physical illness and / or conditions that you would like us to be aware of?

FOR ALL INTERNATIONAL STUDENTS IT IS COMPULSORY THAT YOU ENSURE THAT YOUR MEDICAL AID IS ACCEPTABLE AT SOUTH AFRICAN HOSPITALS / DOCTORS.

SECTION H: PARENT / GUARDIAN AUTHORISATION FOR APPLICANTS UNDER 18 YEARS

This Authority is required for all students who wish to gain access to Emeris Ruimsig Residence who are under 18 years of age at the date of moving into accommodation provided by Emeris Ruimsig Residence.

I, _____ (PLEASE PRINT) am a parent or legal guardian of _____
and I understand and accept that most internet services are available through Wi-Fi in Residence and that Emeris does not provide any form of censorship.

Student Signature: _____ Date: _____

Parent / Legal Guardian Signature: _____ Date: _____

Account Holder Signature: _____ Date: _____

Residential Contract

Student or AP Number & Initials: _____

SECTION I: ACCEPTANCE OF CONDITIONS

I, we understand that consideration of this application is conditional upon my continuing enrolment as a student of Emeris Ruimsig, unless Emeris Ruimsig decides otherwise. I also accept the right of an authorised representative of Emeris Ruimsig Residence to access my academic results whilst I remain in residence.

- Accommodation will only be reserved for students who are enrolled to study at Emeris Ruimsig, and their full residence fees have been paid prior to the semester of study.
- There is a limited number of space available, and the allocation of rooms will be based on a “first pay first served” basis.
- Residence application deposit of R 1,800.00 (compulsory) is required with your residence application form.

RESIDENCE CONDITIONS:

1. Emeris requires all students to pay their allocated accommodation based on the selected payment plan.
2. The reservation fee serves as first instalment on the residence fees.
3. Should you decline, in writing, our offer for accommodation, you will forfeit your R 1,800.00 non-refundable residence admin fee.
4. Should you be offered accommodation, and you accept and pay the deposit but do not take up the room and submit a written cancellation within 4 weeks prior to commencement of the semester, you will forfeit R 2,200.00 of your acceptance deposit.
5. Should you be offered accommodation, accept the offer and submit a written cancellation after the semester has commenced, you will forfeit the entire deposit.
6. Should you be offered accommodation, accept an offer, move into your room and decide to move out of your assigned room before the conclusion of the specific semester, you will be held liable for the full semester fee. If you manage to secure an active Emeris Ruimsig student to take over your lease, we may consider a pro-rata fee for each student.
7. The residence contract is for the full academic year. Should a student move out before the academic year ends, the student will be held liable for the remaining fees.
8. You will not be permitted to sub-let your room or part thereof to any person / s at any given time.
9. The occupying student is the only person that can sign out from his / her room. This will be done by completing the sign out form when moving out from your room during the signing out period, or desired period during weekdays. Kindly arrange time and date with the Residence Office – all rooms will be checked periodically by Emeris Ruimsig Residence staff members only.
10. You will not be permitted to swap rooms with another student once you have been signed in.
11. All damages to residences will be charged to the students' tuition and residence account and will be deemed payable immediately.
12. Should you violate any of the residence rules and be asked to leave your assigned room, you will be held liable for the semester's fees.
13. At Emeris Ruimsig, we are committed to protecting your privacy and to ensure that your personal information is collected and used properly, lawfully and transparently.

Residential Contract

Student or AP Number & Initials: _____

Throughout the year, there is a significant demand from students for on-campus accommodation. If successful, I understand and accept that Emeris Ruimsig Residence has offered me accommodation on the condition that I remain a full-time student at Emeris Ruimsig, and that if I discontinue my enrolment or complete my studies and I am waiting to graduate or I am waiting to re-enrol; I am required to inform the Residence Office and I may be required to vacate my room. If accepted, I agree to abide by the Conditions of Residency, the Accommodation Fee Regulations for the year of study and with other such regulations and rules as are specified on the Emeris Ruimsig web page. I agree to pay all requisite fees and invoices at the time specified.

Student Signature: _____ Date: _____

Account Holder Signature: _____ Date: _____

NOTE: Applicants who are under 18 years of age at the date of signing this Residency Agreement must obtain the signature of a parent or legal guardian.

Parent / Legal Guardian Signature: _____ Date: _____

Residential Contract

Student or AP Number & Initials: _____



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