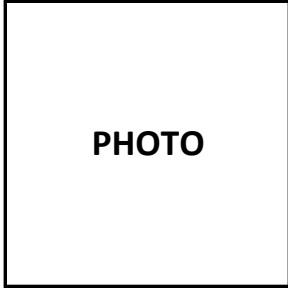




**UNIVERSITI TUN ABDUL RAZAK**  
 Jalan Tangsi, 50480 Kuala Lumpur,  
 Malaysia.  
 E-mail: srts@unirazak.edu.my  
 Tel: 603-2730-7000 [General]



**UNIRAZAK HOSTEL APPLICATION FORM**

**To be completed by student and returned to UNIRAZAK Hostel's Warden or Fellow**

ROOM #: \_\_\_\_\_ FLOOR: \_\_\_\_\_  
 NAME: \_\_\_\_\_ MyKad #: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_ H/P #: \_\_\_\_\_  
 CHRONIC DISEASE[S] (IF ANY): \_\_\_\_\_

**Father/Mother/Guardian's Information**

NAME: \_\_\_\_\_ RELATIONS : \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_

**In case of emergency contact information!**

NAME: \_\_\_\_\_ RELATIONS : \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_

**ACCEPTANCE OF UNIRAZAK HOSTEL OFFER**

I \_\_\_\_\_ hereby, MyKad/Passport # \_\_\_\_\_ understood that during my stay in UNIRAZAK Hostel, I will adhere to all UNIRAZAK Hostel Rules & Regulations set forth to me. I hereby accept the offer to stay in UNIRAZAK Hostel without prejudice and ready to accept any punishment to me including expulsion from UNIRAZAK Hostel immediately should I commit to any offences under the written law of Malaysian Government and/or UNIRAZAK Hostel Rules & Regulations. **I hereby agreed & understood that this tenancy is valid and in force for at least twelve (12) month calendar and UNIRAZAK reserves its right to forfeit any deposit paid if the tenancy is terminated prematurely by me or my authorised representative.** I shall remit monthly rental due to me, before or on the 5th. day of each month without delay. Furthermore, any personal problem and personal belongings are solely responsible by me and UNIRAZAK is not liable to it in any circumstances. Any lost and/or damage of public and/or UNIRAZAK properties if caused by me, therefore, I shall take full responsibility upon signing this form.

\_\_\_\_\_  
 Student's Signature  
 Name : \_\_\_\_\_  
 Date : \_\_\_\_\_

\_\_\_\_\_  
 Father/Mother/Guardian's Signature  
 Name : \_\_\_\_\_  
 Date : \_\_\_\_\_

**FOR OFFICE USE**

**VERIFICATION OF REGISTRATION (To be filled by officer-in-charged)**

Matricard #: \_\_\_\_\_ Access Card #: \_\_\_\_\_

By CSASI / SRTS	By Finance Dept	By WARDEN
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