



TRINITY HALL OF RESIDENCE

RESIDENCE APPLICATION FORM

Please attach 2 recent

photographs here

1.0 NOTES AND INSTRUCTIONS TO APPLICANT

- Please note that application for residence can only be made after a student has been admitted to study in Pan Atlantic University.
- Copy of duly filled Residence Application Form, executed signature page of Residence Rules & Regulations and proof of payment of the **accommodation fee** should be sent by electronic mail to trinityhallpau@gmail.com **AT LEAST 10 working days before** the commencement of the academic session.
- The Residence Management reserves the right not to process any late or incomplete application forms and/or where the Residence Application Fee is not attached/amount is incorrect.

2.0 PERSONAL DETAILS

	SURNAME	FIRST NAME	OTHERS
Name (in BLOCK LETTERS)			
School Registration No.		Gender	
Date of Birth[DD/MM/YY]		Nationality	
Mobile Phone		Religion	
Intake Date		Expected Check-In Date	
Course/Programme		E-mail Address	
Permanent Home Address			
Medical Illness (if any)			

3.0 PARENT/GUARDIAN (NEXT OF KIN) TO CONTACT IN CASE OF EMERGENCY

Name(s)		Relationship	
Profession:		Mobile Phone	
E-Mail		Other Phone Number	
Address			

4.0 PAYMENT

- All payments must be by electronic transfer to the following account
 Name: Capital Square Limited
 Bank Account No.: 5080111164
 Bank: Fidelity Bank Plc
 Bank Address: 2 Kofo Abayomi Street, Victoria Island, Lagos, Nigeria
 Swift Code : 070150168
- Applicants will be notified by **E-MAIL** regarding the status of their application for residence within seven (7) working days of acknowledgment of receipt of payment evidence from the applicant. For more information please contact:

TRINITY HALL MANAGEMENT
Tel: +234 (0) 8090886281, (0) 8058346676

E-mail: trinityhallpau@gmail.com

RESIDENCE ROOM RATE

(Rates Applicable From 1st August, 2017)

Please tick to indicate your preference	ROOM TYPE	ACADEMIC SESSION FEE PER APPLICANT
<input type="checkbox"/>	TWO SHARING	N680,000.00
<input type="checkbox"/>	FOUR SHARING	N610,000.00

15% Refundable Caution Deposit - Refund Details

Name: _____ Account No.: _____ Bank: _____ Sort Code: _____

IMPORTANT

1. All rooms are en suite.
2. A Refundable Caution Deposit of 15% of the applicable room rate is to be paid in addition to the room rate.
3. All fees are exclusive of VAT.
4. Applicant must pay in full in advance to secure accommodation. (see item 1.0 of this application form).
5. All rooms are allocated on a first-come-first-served basis and subject to availability.
6. Residents shall be issued a residence Card at a fee of N2,000 only

DECLARATION

_____, having read the Residence Rules and Regulations, agree to abide by them.

By signing this document, I understand and fully agree:

- That my application will be rejected, or my residency may be terminated if I provide false information or fail to disclose other relevant information.
- That I have read and accept all terms stated in the Rules and Regulations of Trinity Hall of Residence.
- That the residency is for a period of one academic session of nine (9) months.
- Any request for cancellation will result in total forfeiture of all rentals paid.
- To accept and pay the current rates of Residence rental and 15% Refundable Caution Deposit in advance.
- **That I hold myself for due and prompt payment of rentals and all other payments.**
- That I undertake to observe proper standards of personal and academic conduct.
- To update the Residence Management immediately upon any change(s) to my personal and/or parents'/guardians' details
- That the Residence Management reserves the right to vary the rental rates or any other rates and any of the terms and conditions stipulated herein or in the Residence Rules and Regulations as and when it deems fit.
- That I shall abide by the rules and regulations of Pan Atlantic University and Trinity Hall of Residence.
- That I shall faithfully carry out the instructions issued by the University/Residence Management from time to time.
- That in case of any damage caused by me to any property of Trinity Hall or that of a fellow resident, I shall reimburse the damage in full.
- That I will not involve myself in any Union/Group/Forum Formation/Association to challenge the Trinity Hall Authority.
- That I will not be involved in any confrontation/fight/quarrel or act of indiscipline in Trinity Hall.

Signature of Student: _____

Date: _____

We/I certify that our/my daughter/ward is making this application with our/ my permission. We/I hold ourselves/myself responsible for her good conduct and behavior as a Resident of Trinity Hall and for payment of all her rentals, 15% Refundable Caution Deposit and other payments during her stay in Trinity Hall.

Signature of Parent/Guardian: _____ Date: _____

Name of Parent/Guardian signing this document: _____