



**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)	:	<input type="text"/>			
School Registration No.	:	<input type="text"/>	Gender	:	<input type="text"/>
Date of Birth [DD/MM/YY]	:	<input type="text"/>	Nationality	:	<input type="text"/>
Mobile Phone	:	<input type="text"/>	Religion	:	<input type="text"/>
Intake Date	:	<input type="text"/>	Expected Check-In Date	:	<input type="text"/>
Course/Programme	:	<input type="text"/>	E-mail Address	:	<input type="text"/>
Permanent Home Address	:	<input type="text"/>			
Medical Illness (if any)	:	<input type="text"/>			

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

Name(s)	::	<input type="text"/>	Relationship	:	<input type="text"/>
Profession:	:	<input type="text"/>	Mobile Phone	:	<input type="text"/>
E-Mail	:	<input type="text"/>	Other Phone Number	:	<input type="text"/>
Address	:	<input type="text"/>			
	:	<input type="text"/>			

**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 2021)

Please tick (☐) to indicate your preference	ROOM TYPE	ACADEMIC SESSION FEE PER APPLICANT
<input type="checkbox"/>	TWO SHARING	N900,000.00
<input type="checkbox"/>	FOUR SHARING	N750,000.00

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 the current cost.

**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 : \_\_\_\_\_