



C/Santo Cristo n2  
(Plaza de la Candelaria)  
11005 Cadiz  
Tel: 0034 856 11 47 92  
mob: 0034 660938848  
email: studentresidencecadiz@outlook.com

## APPLICATION FOR ADMISSION

Personal details:			
<b>Full Name:</b>			
<b>Nationality:</b>		Date of birth	
<b>Passport/ID number:</b>			
<b>Parent of guardian:</b>			
<b>Passport/ID number:</b>		Profession:	
<b>Home address: (including postcode)</b>			
<b>Telephone number:</b>		Mobile number:	
<b>Email:</b>			
<b>Disabilities or Allergies or special diets:</b>			

Course details:			
<b>Current university or college</b>			
<b>Fill in if applicable</b>			
<b>Course name in Cadiz</b>		<b>Faculty</b>	
<b>Group name: (name of leader)</b>			

Bank details:	
<b>Bank:</b>	
<b>Full address:</b>	
<b>Bank account number (IBAN)</b>	
<b>Title holder:</b>	

### CONTRACT:

As proposed resident at *Residencia de estudiantes Cadiz Centro*, I agree to abide by the Conditions of the Residency, and to pay 20% to guarantee my reservation once my application has been accepted, and 80% at least 3 days prior to arrival.

**Signature**

(Title holder of the bank account)

**Date:**

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