

INSTRUCTIONS

1. Please fill-in (Part A – C) and sign the form.
2. Deposit **RM 1,500.00** into the account of **PACIFIC TECH SDN. BHD.** at **CIMB Bank** (Account No: **800 2306 765**). *Please pay by 5 June 2020 to reserve accommodation.*
3. Send the completed Application together with the CIMB Deposit Slip to the following address **by 7 June 2020**:

Student Affairs Department
Asia College of Technology
 Ground Floor, Kompleks Wan Kien
 50, Jalan Penchala, Off Jalan Templer
 46050 Petaling Jaya, Selangor Darul Ehsan
 MALAYSIA

Students can also Scan the filled-in Application Form and Deposit Slip and E-mail it to: chris@act.edu.my

A. STUDENT CONFIRMATION

Name of Student :

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Address :

.

I.C. No. : Hand Phone No. :

Gender : Religion :

I hereby confirm the following:

- i. I agree to live in accommodation provided by Asia College of Technology.
- ii. I agree that accommodation will be provided to me for a maximum period of **twenty four (24 months)** after which I may be required to move out. I understand that transport will not be provided.
- iii. I understand that utilities expenses (electricity, water and Indah water charges) will be shared equally by all the students living in the same unit.
- iv. I understand that Asia College of Technology and/or Pacific Tech Sdn. Bhd. **shall not be held responsible / liable** for any injury, losses and/or damages during my stay in the condominium / apartment and/or during the journey between the accommodation and the college campus.
- v. I will be present to move into the accommodation unit on **3 July 2020 at 10.30 am**.

.....
Signature of Student

Date:

.....
Signature of Parent

(If student is below 21 years of age)

Name :

I.C. No.:

B. HEALTH INFORMATION

Please indicate if you are suffering from any of the following health related conditions:
[Tick (✓) where appropriate]

- Bronchial Asthma
- Cancer
- Diabetes
- Hearing Problem
- Heart Diseases
- HIV / Aids
- Hypertension
- H1N1
- Kidney Diseases
- Lung Diseases
- Psychiatric Illnesses
- Tuberculosis
- Others

C. EMERGENCY CONTACT

Name and address of Parent /Guardian:

Name: _____

Address: _____

Hand Phone No.: _____

House Telephone No: _____

Office Telephone No.: _____

FOR OFFICE USE ONLY

05-2020

Date Processed: Move In Date:

Room No.: Location:

Signature of Staff: