

INSTRUCTIONS

1. Please complete (Part A – C) and sign the form.
2. Enclose a Bankers Cheque for **RM 1,700.00** made payable to **PACIFIC TECH SDN. BHD.** This is the Processing Fee of RM 500.00 (One-Time Only) and the Room Rent (RM 1,200.00) for the May 2018 Semester (4 months).
3. Send the completed Application to the following address at least **One (1) Month** before Classes Start for the Semester.

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

A. STUDENT CONFIRMATION

Name of Student :

Address :

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

Gender : Religion :

I hereby confirm the following:

- i. I agree to live in the condominium / apartment provided by Asia College of Technology. I understand that a maximum of 8 students will be housed in a unit.
- ii. I agree that housing will be provided to me for a maximum period of **twelve (12 months)** after which I may be required to move out.
- iii. I understand that I will be charged for electricity and water (electricity and water charges will be shared equally by all the students living in the same unit) and also the bus fare between the condominium / apartment and the college campus.
- 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 condominium / apartment and the college campus.
- v. I will be present to register for classes and move into the condominium / apartment on the date and time mentioned in the Offer Letter.

.....
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

01-2018

Date Processed: Move In Date:

Room No.: Location:

Signature of Staff: