NOMINATION



APPLICATION

Accurately completing the information within this form is important as it will enable us to start your booking process without delay. Please complete this form in **BLOCK CAPITALS**

SECTION 1	TELL US ABOUT YOURS!
Title: MR Miss Mrs	Ms Dr
First Name:	

First Name: Middle Name: Last Name: Your Email Address: Mobile Phone Number: Date of Birth ____/____ How did you hear about UNITE: Country of nationality: University/ College: Course: Preferred Contact Method: Email Letter Phone CONTACT ADDRESS Telephone Number: Country:

Return application form to:

UNITE Filbert Village 1 Linekar Road Leicester LE2 7FZ Or Leicester@unite-group.co.uk

City:	Postcode:
HOME ADDR	ESS (if different)
Telephone Number:	
Country:	
Address:	

Postcode:

Address:

City:

SECTION 2 GUARANTOR'S INFORMATION

Your guarantor should be a responsible person who will be accountable for paying your rent and any other charges should you be unable to make the payments.

Relationship:	
First Name:	
Last Name:	
Date of birth:	
Telephone:	
Email address:	
ADDRESS	
Telephone Number:	
Country:	
Address:	
City:	Postcode:
SECTION 3	EMERGENCY CONTACT
Relationship:	
First Name:	
Last Name:	
Telephone:	
Email address:	
ADDRESS	
Telephone Number:	
Country:	

Address:

City:

Postcode:



RENT PAYMENT DETAILS



Please read the following prior to completing your details

The Direct Debit Guarantee

Account Holder Name:

Sort Code:

City:

Postcode:

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme.
- The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society. If the amounts to be paid or the payment date change, UNITE will notify you 10 working days in advance of your account being debited or as otherwise agreed
- If an error is made by UNITE or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society.

ACCOUNT DETAILS

Account Number:
Account Holder Signature:
Account Holder Email:
ADDRESS
Country:
Address:
City: Postcode:
INTERNATIONAL PAYMENT DETAILS
Card Type: Credit / Debit Visa Electron MasterCard Solo
Name on Card:
Long card number:
Security code:
Start date:
Expiry date:
ADDRESS
Country:
Address: