



To be filled by the management:

Cliente n.º _____

Residente n.º _____

Caução n.º: _____

Quarto n.º: _____

Residência Universitária ZoneSpru Sapateiros

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REGISTRATION FORM 2017 - 2018

ATTENTION! All fields are REQUIRED

DATE OF ENTRY: ____/____/____ DATE OF DEPARTURE: ____/____/____

CHOOSE YOUR LODGING UNIT'S OPTION (sign your option "X"):

- Individual with washbasin (425 Euros/month) Double with washbasin (604 Euros/month)
 Individual with WC (520 Euros/month) To Apartment To for 2 persons (666 Euros/month)

CANDIDATE

NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE _____ COUNTRY _____

TELEPHONE: _____ MOBILE _____ EMAIL : _____

NATIONALITY _____ BIRTH DATE: ____/____/____ BIRTH PLACE: _____

ID / PASSAPORT Nº _____ Issue Date : ____/____/____ Issue Place: _____

TAX Nº : _____

TELEPHONE CONTACT IN CASE OF EMERGENCY _____ NAME _____

FATHER

NAME : _____

ADDRESS: _____

ZIP CODE : _____ TELEPHONE: _____ MOBILE : _____

MOTHER

NAME : _____

ADDRESS: _____

ZIP CODE : _____ TELEPHONE: _____ MOBILE : _____

CANDIDATE ACADEMIC CURRICULUM:

School Year	University / School	Course	Attendance Year
2017/2018	_____	_____	_____

REQUIRED DOCUMENTS:

- Candidate's Photo
- Candidate's ID photocopy
- University Enrolment Certificate photocopy or equivalent document

THE ROOM RESERVATION WILL ONLY BE EFFECTIVE AFTER THE GOOD PAYMENT OF A DEPOSIT WHICH VALUE IS THE SAME AS ONE AND A HALF MONTH ROOM RENT, PAYED TO GUARANTEE THE FULFILLMENT OF THE CONTRACT OF USE OF LODGINGS AND INTEGRATED PROVISION OF SERVICES.

THE GIVING UP OF THE LODGING AFTER HAVING PAYED THE DEPOSIT AND NO MATTER IF THE CANDIDATE HAS SIGNED THE CONTRACT, DETERMINES THE IMMEDIATE LOSS OF THE DEPOSIT PAYED AMOUNT.

THE LACK OF PAYMENT OF THE 1ST RENT WITHIN ONE WEEK FROM DATE OF BEGINNING PROVIDED FOR IN THE CONTRACT, DETERMINES THE CONTRACT'S RESCISSION, AND CONSEQUENT LOSS OF DEPOSIT. THE ROOM WILL BE CONSIDERED AVAILABLE AND CAN BE ASSIGNED TO ANOTHER CANDIDATE.

I declare that all the above information is true and I'm aware of the above stated information.

THE CANDIDATE _____

Place and Date: _____, ____ / ____ / _____