



SHREE VISA OSHWAL COMMUNITY, NAIROBI

P.O.BOX: 40638-00100, NAIROBITEL: 0724-177293 / 0725-339801 / 0732-377475 / 0733-469517 / 0772-778187

JASHODABEN K. D. RESIDENCY

APPLICATION NO:

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APPLICATION FORM FOR AN APARTMENT IN JASHODABEN K. D. RESIDENCY
ON RENTAL BASIS

(PLEASE READ CAREFULLY THE ATTACHED RULES & REGULATIONS BEFORE COMPLETING THIS FORM. APPLICATIONS WILL BE PROCESSED ON A FIRST COME FIRST SERVED BASIS).

**APPLICANTS
RECENT
PHOTOGRAPH**

A. APPLICANT'S DETAILS

1. Full Name:
(FIRST NAME) (SECOND NAME) (LAST NAME)

2. VOC No:

3. Date of birth: Place of birth:

4. Nationality: Passport / I.D. No:

5. Contact address: P. O. Box: Code: Town:

6. Telephone: (O) (M) / (H)

Email:

7. Employed Self Employed Own Business Others
(SPECIFY)

Name of employer / Name of business:

Job designation:

Details of family members

RELATIONSHIP	NAME	AGE	CONTACT	NAME OF BUSINESS / EMPLOYER	DESIGNATION



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8. Apartment applied for: (tick your required preference)

TYPE	RENT	Tick your required preference
STUDIO	15,000.00 per month	
ONE BEDROOM	20,000.00 per month	
TWO BEDROOM	30,000.00 per month	
Rent does not include water, electricity and share of common services.		
Rent is subject to annual review.		

9. List of persons who intend to occupy the apartment:

No.	Name	Relationship	Age
1			
2			
3			
4			

10. Do you own the house you live in? **Yes / No**

If no, please give name and address of your landlord.

Name of Landlord: Address:

Mobile No: Monthly rent:

Please attach receipts of the last 3 months.

11. Physical address of current residence:

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12. Type of accommodation: Flat Maisonette Bungalow

13. Have you or your family been allocated an apartment at Oshwal Park – 1st Avenue Parklands?

YES NO

B. FINANCIAL DETAILS

1. Details of your family's monthly income & expenditure

Income per month	Applicant	Spouse	Other members of the family
Net Salary			
Interest			
Others			
Total			



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Family Expenditure Per Month	K. Shs
Residential Rent	
Food	
Clothing	
Electricity & Water	
Education	
Telephone / Mobile	
House Help	
Motor Vehicle	
Medical	
Insurance Premium	
Travel Expenses	
Any other	
Total Expenditure	
Net surplus per month	

2. Fill in the following bank account details of yourself and your family:

Account Type	Name of Bank	Present Balance

3. Do you have any form of insurance cover? **YES / NO**

If yes, please give details:

Type	Amount of Cover	Annual Premium
Life		
Medical		
Personal Accident		



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4. List of assets:

Description	Value – K. Shs
Property	
Motor Vehicle	
Stocks / Shares	

5. Reason for applying for accommodation at Jashodaben K. D. Residency

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Proof of Income: Please attach the following documents with your application, of yourself and your family:

1. If you are employed, a **letter from your employer** confirming your annual gross salary including all benefits and allowances.
2. Copy of Salary slip of last three months.
3. Bank Statements for last 12 months.
4. Copy of PIN Certificate.
5. Copy of Passport.
6. Copy of VOC Nairobi membership Receipt.

C. REFEREES:

1. Give name and address of two **OSHWAL** referees (not immediate family members) resident in Nairobi who you know for the last three years.

a. FULL NAME:

BUSINESS NAME / EMPLOYER:

P. O. BOX: CODE: TOWN:

EMAIL:

TELEPHONE: (O) / (M) (H)

I, have known the applicant for the last 3 years.

SIGNATURE: DATE:

b. FULL NAME:

BUSINESS NAME / EMPLOYER:

P. O. BOX: CODE: TOWN:

EMAIL:

TELEPHONE: (O) / (M) (H)

I, have known the applicant for the last 3 years.

SIGNATURE: DATE:

❖ **Any incorrect information given may lead to disqualification of the application.**



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D. DECLARATION – BY APPLICANT:

I hereby declare that I have read, understood and accept the rules, regulations and conditions of the Shree Visa Oshwal Community, Nairobi Jashodaben K. D. Residency. All the information given by me in this application form is true and accurate. If my application is accepted, I shall provide any other information required by Shree Visa Oshwal Community. Shree Visa Oshwal Community will not be responsible for any harm, injury, physical or monetary, financial losses, property damage whilst under the tenancy agreement.

Applicant's signature: Date:

Witness Signature: Date:

Witness Name:

P. O. BOX: CODE: TOWN:

Email:

Telephone: (O) / (M) (H)

E. GUARANTOR

I, have known the applicant for years and I guarantee any arrears of rent in respect of the tenancy and will pay all losses, damages, expenses and costs that are incurred as a result of the applicant's default. I further take responsibility of any medical treatment or hospitalization of the applicant during his tenancy.

Signature:

Name: VOC No:

Name of business:

P. O. BOX: CODE: TOWN:

Telephone: (O) / (M) (H)

Email:

Relationship to the applicant:



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F. FOR OFFICAL USE ONLY

1. Application discussed with applicant on
2. Date of Committee meeting when the application was approved / rejected:
3. Type of accommodation approved:
4. Reasons for rejection (as deliberated in Committee Meeting):
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Signature: Chairman:

Secretary / Treasurer:

Date: