

Accommodation Application and Contract

Nikau Accommodation
 79-85 Nile Street
 Nelson 7010
 New Zealand

Phone: (03) 548 7000
Fax: 028 255 26532
Email: stay@nikauapartments.co.nz

NAME (please print)			
FAMILY name	First (given)	Middle (or English name)	
ARRIVAL DATE	DEPARTURE DATE	APARTMENT SIZE	GENDER
			<input type="checkbox"/> Male <input type="checkbox"/> Female
HOME MAILING ADDRESS			BIRTHDAY
Number	Street		Day/month /year
			Resident of New Zealand
City	District	Country	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone	Mobile		
Email address:			REFERECES
			Previous landlord:
PERMANENT HOME ADDRESS (if different from above)			Address:
Number	Street		Phone:
City	District	Country	
Phone	Mobile		
EMERGENCY CONTACT PERSON			
Name	Relationship	Home Phone	Mobile
EMPLOYER or PLACE OF STUDY			
Company / Course of Study	Start / Finish Dates	Contact Person / Tutor	Phone
HEALTH DETAILS	CRIMINAL CONVICTIONS		
Please indicate any physical or mental health issues we may need to be aware of. Use back of page for more space on details.	List any previous or pending criminal convictions or bail conditions.		
SMOKING	REFERENCES		
I AM A SMOKER <input type="checkbox"/> YES <input type="checkbox"/> NO			

I have read and agree to the Nikau Accommodation terms and conditions outlined in the handbook.

(Please sign and attach the form out of the handbook).

I understand and agree to the following:

1. That a non-refundable application fee of \$100 must be submitted with this application.
2. That I am responsible to meet all payment requirements on time.
3. Two weeks rent must be paid no later than 14 days before your arrival date or the booking will be cancelled without notice.
4. That I will be financially responsible for rent and cancellation penalties should I terminate my residency and if I wish to reduce my residency period I must make a written request, at least four weeks prior to departure.
5. That if I fail to comply with any of the terms of my contract, it may be necessary for me to vacate the property with no less than 24 hours notice.

I certify that the information on this contract is accurate. I understand that giving false information may disqualify my application at Nikau Apartments.

Signed:

Date:

SEND IT

Mail, email or fax the completed application form and fee of \$100

Cheque made out to: Nelson Nikau Apartments Ltd

Or deposit made to:

ANZ Bank Account *(with your family name or arrival date as reference)*

01 0702 0284917 00

Nelson Nikau Apartments Ltd

Nelson Nikau Apartments Ltd

PO Box 7297

Nelson 7042

New Zealand

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