

## ANNEXURE A: APPLICATION AND PROCEDURES FOR ACCREDITATION 2026

1. Forms will be issued to Providers in person or via Email (**closing date for submission is 30 September 2025 for 2026 Applications.**)
  2. Accreditation and grading forms will be based on physical address.
  3. Returned forms must be accompanied by proof of payment for the sum of:
    - R1 000-00 -(for a Level 1 grading, providing off-campus accommodation to 10 students,
    - R3 000-00 (for a Level 2 grading, providing off-campus accommodation to 11 up to and including 20 students),
    - R4 000-00 (for a Level 3 grading, providing off-campus accommodation to 20 up to and including 59 students),
    - R5 000-00 (for a Level 4 grading, providing off-campus accommodation to 60 and more students) which is a **non-refundable administration fee.**

A certified copy of the company's tax clearance certificate and company registration must also be attached.
  4. After submitting the forms, an appointment will be scheduled to view the property/properties, at the CUT's convenience.
  5. Accreditation and grading for NSFAS approved Dwelling Houses or Communes will also be based on the appearance, distance and rental price of the accommodation. Evaluation of the property will be done by the Evaluation Committee.
  6. A letter/certificate will be issued stating whether the Provider is accredited and graded or not.
  7. All appeals must be directed to the Dean: Student Affairs, **within 7 business days of receiving the results.**
  8. Appeals will be addressed within 5 working days after receiving the results. No appeals will be accepted thereafter.
  9. The following documentation should be available for the signing of the contract with NSFAS:
    - CC Registration Number.
    - Details of Owner.
    - Bank Account Details on a Letterhead from the Bank; and
    - Tax Clearance Certificate.
  10. After being accredited and graded, the Provider will be responsible for communicating students' terms of payment.
  11. The rate is determined by the NSFAS, and it is Grade related.
    - No other miscellaneous charges will be allowed.
  12. A student may only be required to give one month's written notice should the student decide to find alternative accommodation.
  13. Student are allowed to move once per semester, with approval from the Residence Life Office.
- The following is the basic Agreement between the Provider and the CUT:**
- The accommodation must be at least 5km walk from campus: should the distance be exceeded, the Provider should be able to transport students.
  - The Provider's facilities should not be at a level lower than the CUT's residences standards.
  - All necessary information that students need to submit prior to students signing any lease agreement or code of conduct must be communicated to the CUT by the Provider.
  - The Provider is to arrange payment with the students.
  - The Provider shall abide by a code of conduct/terms of reference.
- Guidelines for Students' Rooms:**
- Students sharing rooms should have their own lockable closets.

- There should be a maximum of two students per room (size should be 14 square meters for sharing).
- Rooms should be equipped with a single bed, cupboard, study desk, chair, a bookshelf and curtains/blinds.
- No more than five students should share a bath or shower and toilet.
- Students are to clean their own rooms, and the service provider should clean all communal areas.
- Rates should include **water and electricity**.
- Transport should be provided in areas where distance is more than 5km.
- **Should any guidelines be contravened after the accreditation and grading, the Dean-Student Affairs has the right to remove accreditation and grading from an accredited and graded Provider and suspend such Provider for 1 year.**

re-apply for 2026 for grading improvements.

- Accreditation and grading Certificates are valid for the duration of 12 months (one year), with yearly site revisits for recertification. ☐
- No advertisements, notices or pamphlets will be allowed on the CUT premises, including the surrounding perimeter fencing, without the Dean- Student Affairs written permission. ☐
- Copy of homeowner and liability/Insurance documents (active regulations) minimum R5 000 000 cover. ☐

#### Check List before Submitting Forms:

- The ID photo of the Provider (owner/landlord) must be attached to the application form. In the case of the landlord not living on the premises, the caretaker's photo and relevant details should be included. ☐
- A drawing or map showing the location of the physical address must be attached. ☐
- A copy of the deposit slip for the administration fee should be attached as proof of payment (**non-refundable fee**). ☐
- A certified copy of the company's tax clearance certificate and company registration must be attached. ☐
- The closing date for all applicants is \_\_\_\_\_. ☐
- All appeals will be considered prior to \_\_\_\_\_ (**no appeals will be accepted after the abovementioned date**). ☐
- All previously accredited and graded off-campus accommodation Providers must ☐

## APPLICATION FORM – SERVICE PROVIDER

Name of the Organisation	
Company Registration Number	Company VAT Number
Physical Address of Accommodation	Postal Address of Accommodation
—	—
—	—
—	—
—	—
—	—
—	—
<b>Owner's Details</b>	
Name	
Cell phone	
Email	
Telephone/Fax	
<b>Capacity</b>	
Males	
Females	
Total	
<b>Caretaker / Landlord's Details</b>	
Name	
Cell phone	
Email	
Telephone/Fax	

Additional Emergency Number	
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## BUILDING AND EQUIPMENT OVERVIEW

Security	Yes	No	Comments
Burglar Proofing			
Security Doors			
Lockable Rooms			
Prisa Registered Security Guard or CCTV cameras			
Panic Button in Case of an Emergency Linked to a registered Security			
Perimeter Fence			
Rooms	Yes	No	Comments
Curtains / Blinds			
Lockable Rooms			
Bed and Mattress			
Study Table			
Chair			
Bookshelf			
Paper Bin			
Study Lamp			
Wall or Panel Heaters			

Single Rooms			
Double Rooms			
Minimum of 8 square per metres per person			
Room Size	Sharing	Single	
<b>Bathrooms</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Shower			
Bathtub			
Toilet			
Basin			
Shower Mats			
SHE Bins			
Mirrors			
Auto Sanitizers			
Soap Dispensers			
2 – 5 Sharing Bathroom			
<b>Kitchen</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Sink			
Stove			
Microwave			

Lockable Cupboards			
Workspace			
Fridge			
Washing Machine or Designated Washing Basin			
<b>Overall Appearance</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Paint			
Floors			
Tidiness			
<b>Other</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Transport			
Km Radius to Campus			
Estimated Rent for 2026	Single Room	R	
	Double Room	R	
	Other	R	

### **PAYMENT DETAILS**

**A copy of the deposit slip/Proof of payment must accompany your Application Form or the form will be considered incomplete**

This deposit can only be made at a branch of-

**First National Bank.**

**ACCOUNT NAME: CENTRAL UNIVERSITY OF TECHNOLOGY FREE STATE**

**ACCOUNT NUMBER: 6253 8533 531**

**ACCOUNT TYPE: CHEQUE**

**REFERENCE: RESIDENCE PRIVATE ACCOMODATION ACCREDITATION**

**NB: You must fill in CREDIT – CUT (Entity to be Created) and your Initials or Company Details IN THE DEPOSIT REFERENCE FIELD on the bank deposit slip.**

**You must retain your original proof of payment and only a copy must accompany your application form.**

**NB- Service Provider must always state on the deposit slip:**

**-Initials and Surname; ID Number/ Company Details and Telephone/Cell Number**

**ACCREDITED AND GRADED OFF-CAMPUS ACCOMMODATION – CUT FORM 02**

## EVALUATION FORM

Name	Surname	Designation	Signature
Date of Inspection			
Physical Address of Accommodation			

*Evaluation Form to be Accompanied by CUT OCA 01, Completed by Landlord / Owner*

[illegible]

_____
_____
_____
_____
_____
_____

## BUILDING AND EQUIPMENT OVERVIEW

Security	Yes	No	Comments
Burglar Proofing			
Security Doors			
Lockable Rooms			
Registered Security Guard or Neighbourhood Watch			
Rooms	Yes	No	Comments
Curtains / Blinds			
Lockable Rooms			
Bed and Mattress			
Study Table			
Chair			
Bookshelf			
Paper Bin			
Study Lamp			



Wall or Panel Heaters			
Single Rooms			
Double Rooms			
<b>Bathrooms</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Shower			
Bathtub			
Toilet			
Basin			
Shower Mats			
SHE Bins			
Mirrors			
Auto Sanitizers			
Soap Dispensers			
2 – 5 Sharing Bathroom			
<b>Kitchen</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Sink			
Stove			
Microwave			
Lockable Cupboards			

Workspace			
Fridge			
Washing Machine or Designated Washing Basin			
<b>Overall Appearance</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Paint			
Floors			
Tidiness			
<b>Other</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
NSFAS Requirements: Landlord should be able to accommodate _____ students or more			
Km Radius to Campus			
Estimated Rent for 2026	Single Room	R	
	Double Room	R	

## WITNESSES

Name & Surname	Capacity	Contact	Signature

**ACCREDITED AND GRADED OFF-CAMPUS ACCOMMODATION –CUT FORM 03****APPEAL FORM**

Reference number (Office Use)	
Name of Company	
Contact Person	
Telephone	
Email Address	
Physical Address of Accommodation	<hr/> <hr/> <hr/> <hr/> <hr/>

**Statement / Reason for Appeal**

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**\*All appeals must be directed to the Dean: Student Affairs within 7 business days of receiving the results, no appeals will be accepted thereafter.**

Name & Surname: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Designation: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date of Submission	
Verdict	
Full Names	
Signature	
Date / Stamp	

**ACCREDITED AND GRADED OFF-CAMPUS ACCOMMODATION –CUT FORM 04****COMPLAINT FORM (for student use only)**

Student Number	
Student Full Names & Surname	
Level of Study	
Date	
Telephone Number	
Email	
Name of Accommodation	
Physical Address of Accommodation	<hr/> <hr/> <hr/> <hr/> <hr/>

**STATEMENT**

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_____
_____
_____
_____
_____

**FOR OFFICE USE ONLY**

Date of Submission	
Action to be taken	
Resolution	
Full Names & Surname	
Signature	
Date / Stamp	

**ACCREDITED AND GRADED OFF-CAMPUS ACCOMMODATION – CUT FORM 05****BREAKAGE CLAIM FORM**

Reference Number (Office Use)	
Name of Company / Accommodation Name	
Contact Person	
Telephone Number	
Email	
Physical Address of Accommodation	<hr/> <hr/> <hr/> <hr/> <hr/>

**CLAIM AGAINST**

Student Name	
Student Number	
Telephone Number	
Email	

**STATEMENT / REASON FOR CLAIM**

Attach Repair Quotation  
Attach Proof of Notifying the Student of Claim against Deposit

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### ACCOMMODATION BANKING DETAILS

Account Name	
Account Number	
Branch Code	
Amount	R
Signature: _____	Date: _____

*By signing this form, I hereby declare that the information above is accurate and true*

### FOR OFFICE USE ONLY

Date of Submission	
Claim Pay Out	R
Full Names & Surname	
Signature	
Date / Stamp	