



KOLEJ AMAN BATU PAHAT

(Reg. No. DK005(J))

110, Jalan Chengal, Taman Makmur, 83000 Batu Pahat, Johor.

Tel: 07-4347000 Fax: 07-4343111

Email: enquiry@kolejaman.edu.my

Website: www.kolejaman.edu.my

HOSTEL APPLICATION FORM

NAME : _____
SEX (M/F) : _____
I/C NO. : _____
TELEPHONE (H) : _____ (H/P): _____
ADDRESS : _____
INTAKE : _____

Declaration:

I will obey all the rules and regulations of the hostel during my stay and I hereby agree to pay all fees due on the dates stipulated by the college.

Signature

Date

* Hostel Inmates **MUST** pay their hostel fees BY the 15th of every month, failing which a **5%** penalty will be imposed on the fees.

For Office Use

Student's Room No. : _____
Keys Distributed (pcs) : _____
* Deposit RM120 : Paid / Unpaid

Received by,

Acknowledged by,
ADMIN DEPT

Name :
Student ID :
Date :

Administrator
Date:

*NOTE: Refundable. Terms and Conditions apply.