



聖若瑟大學  
UNIVERSITY OF  
SAINT JOSEPH

## APPLICATION FORM AND DECLARATION FOR RESIDENCE LUGGAGE STORAGE SERVICE

For your application to be processed smoothly, please fill in the following blanks in **CLEAR BLOCK** letters. The second page of this document is to be filled by the first day of your luggage storage.

APPLICANT'S INFORMATION	
Given Name(s):	
Family Name(s):	
Room Number:	Contact Number:
Email Address:	

LUGGAGE INFORMATION	
Number of pieces:	Charges in MOP:
Start Date:	End Date:

Remark(s):

I have read, understand, and agree to the "Residence Luggage Storage Service". I also declare that the information I have given on this application form is correct and complete.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### RHO USE ONLY

**RHO Staff's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RHO Staff's Written Name:** \_\_\_\_\_

Remark(s):



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I (Full Name shown on passport/BIR) \_\_\_\_\_ declare that during the period from (Start Date) \_\_\_\_\_ to (End Date) \_\_\_\_\_, (number) \_\_\_\_\_ piece(s) of my luggage is/are temporarily stored in Residential Hall after I completed the proper check-out and payment with receipt shown to the Residential Hall Office or the warden.

**Details of Luggage**

Item Number	Details	Approx. Value in MOP

I have read, understand, and agree to the "Residence Luggage Storage Service". I also declare that the information I have given on this application form is correct and complete.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RHO USE ONLY**

**RHO Staff's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RHO Staff's Written Name:** \_\_\_\_\_

**Remark(s):**

**Author:** Residential Hall Office

**Approved by:** Line Manager Vice-rector Professor Alvaro Barbosa

**Approval date:** 14th of August 2019

**Operational commencement date:** 01st of September 2019

**Access Right:** Available to the public

**Version number:** 20190814-Application Form and Declaration for Residence Luggage Storage-V002