



## Accommodation Services

Resident Name: .....

Resident Address: .....

.....

### Guarantee by Sponsor

**(must be signed by a person over the aged of 18)**

By signing below as a sponsor of the above resident I accept responsibility for the payment of all fees and other charges incurred by the resident under this Agreement if he/she should fail to pay in full by the due date any fees or other monies payable.

Sponsor's Full Name: .....

Relationship to resident:.....

Signature: ..... Date: / /

Street 1: ..... Street 2: .....

City: ..... State: .....

Country: ..... Postcode: .....

D.O.B: ..... Mobile: .....

Phone: (...)..... E-Mail: .....

Please return to:

Accommodation Services  
Locked Bag 1367  
Launceston 7250

Or

Accommodation Services  
Private Bag 94  
Hobart 7001