

[Office use only]			
Registration No.			

## REGISTRATION / ACCESS CONTROL

**SECTION A** [Please download and print] To be completed by every access disc (tag) holder [homeowners, tenants, family members]. Erf Number: Unit or Apartment Number: [Mark with an X] **HOMEOWNER FAMILY OF HOMEOWNER FAMILY OF TENANT TENANT In Transfer** [Highlight if applicable] A. Surname/First name: ID / Passport Number **Contact Details:** Telephone: Landline Intercom (Secondary) (Primary) Mobile Email for written communication: **Estate Physical Address:** Apartment [SRV] Unit [SRV] Suite [SHOA] Estate Post Box number [Residents only] Vehicle 1 Vehicle 2 Vehicle registration number: B. Registered Owner [Company, Trust, etc.]: **Trust Registration Number** I hereby confirm that the information provided in Section A is complete and correct. I am the sole person who will use this tag (if applicable) and am aware that I may be liable for a fine should I give it to someone else. I am also mindful that registration of the tag/biometric access expires if not used for three months. SIGNED by .....[Day]/.....[Year]

Registration No.
SECTION B [Please download and print]
To be completed by the tenant only:
Surname/ First Name of Property Owner:  Contact Details of Property Owner:  Landline  Mobile
Email: LILILILILILILILILILILILILILILILILILILI
Provide information about Rental Agency: [If the Property Owner above acts as the rental agent, no need to complete details below]
Name of Rental Agency:
Contact Dataila of Dantal Arangu
Contact Details of Rental Agency:  Mobile:  Mobile:
Email:
I hereby confirm that the information provided in Section B is complete and correct. I am the sole person who will use this tag (if applicable) and am aware that I may be liable for a fine should I give it to someone else. I am also mindful that registration of the tag/biometric access expires if not used for three months.
SIGNED by Tenant at
DATE:[Day]/[Month]/[Year]
Office use only:
Signed off by:
Signature:
Date:

## **SECTION C** [Please download and print]

To be completed by Contractors, Domestic Workers, Gardeners, etc.

A. Surname/ First name of the	e <u>Homeowner</u> for whom work is being carried out:
Contact Details of Homeowner:	
Landline (	
Mobile Email:	
Estate Physical Address:	
B. Name of Contracting Orga	nization:
Surname/First name of Owner:	
Owner's ID Number:	
Contact Details:	
Telephone: Landline	
	(Primary) (Secondary)
Mobile	
Email for written communication:	
Contractor's Physical Address:	
Vehicle registration numbers:	
B. Name of Domestic Worke	r, Gardener, etc.
Surname/First Name	
ID Number	
	on provided in Section C is complete and correct:
SIGNED by	at

DATE: [Day]/	[Month]/[Year]
SECTION D [Please do	ownload and print]
To be completed by	y the <u>Contractor</u> for each employee on site:
Surname/ First Name	
ID Number	Access Control No.
Surname/ First Name	
ID Number	Access Control No.
Surname/ First Name	
ID Number	Access Control No.
Surname/ First Name	
ID Number	Access control No.
Surname/ First Name	
ID Number	Access Control No.
Surname/ First Name	
ID Number	Access Control No.
Surname/ First Name	
ID Number	Access Control No.
Surname/ First Name	
ID Number	Access control No.
Surname/ First Name	
ID Number	Access Control No.
I hereby confirm that th	ne information provided in Section D is complete and correct:
SIGNED by Contractor _	at
DATE: [Day]/	/[Month]/[Year]