



**SCOTT ESTATE AND BAVIAANSKLOOF COMMUNITY IMPROVEMENT
DISTRICT NPC**

Registration No.: 2020/498869/08

APPLICATION FOR ADMISSION OF MEMBERSHIP BY A PRIVATE INDIVIDUAL

To the Board of the Board of the Scott Estate and Baviaanskloof Community Improvement District NPC, I,
_____ hereby apply for admission of membership of the NPC to be entered into the
NPC's Membership Register.

General Note on Information

Under the Companies Act, the Members' Register must contain the following information in respect of each member: (a) name; (b) business, residential or postal address; (c) email address (*unless person has declined to provide an email address*); and (d) an identifying number unique to that person (*e.g. a RSA ID number*).

However, the Scott Estate and Baviaanskloof Community Improvement District NPC will keep your unique identity number and email address provided confidential when any member or outside third party requests access to the Members' Register under the Companies Act, unless you give your written consent.

Details of Owner representing the property

Name(s): _____ Surname: _____

ID number: _____

Residential Address:

Postal Address:

Note: Where your residential address differs from your postal address, only your postal address will be recorded in the Members' Register.

Contact Details:

Home tel.: _____

Work tel.: _____

Cellular: _____

Fax: _____

Email address: _____

Notices and communication needs to be addressed to the (*tick appropriate box*):

- The physical address
- The postal address
- The email address

Details of Co-owner(s)

Owner 2 – Name(s): _____ Surname: _____

ID number: _____ Email address: _____

Signature: _____ Date: _____

Owner 3 - Name: _____ Surname: _____

ID number: _____ Email address: _____

Signature: _____ Date: _____

Details of Property

I, _____, am the registered owner/ co-owner (*circle whichever is applicable*), of the following property located within the Scott Estate and Baviaanskloof Community Improvement District.

Erf No.	Physical Address

Signed at _____ on this the _____ day of _____ 20 ____

Signature: _____ Date: _____

Submission of application

Please return the completed application form by email to: info.sebcid@gmail.com