



Registration No.: 2020/498869/08

## MANDATE TO REPRESENT PROPERTY OWNER(S)

### Registered Property Owner(s) Detail

I/We as owner(s)

#### Owner 1

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

ID number: \_\_\_\_\_

#### Owner 2

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

ID number: \_\_\_\_\_

Of

Erf No.	Physical Address

hereby authorise

### Representative Details

Name: \_\_\_\_\_

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 as the representative.

Contact Details:

Home tel.: \_\_\_\_\_ Work tel.: \_\_\_\_\_

Cellular: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

to represent the owner(s) in respect of all CID matters relating to SCOTT ESTATE &  
BAVIAANSKLOOF CID

**Representative Acceptance**

I, \_\_\_\_\_ (Name and Surname) hereby accept the nomination to represent the owner(s) as a member of the SCOTT ESTATE & BAVIAANSKLOOF CID in respect of all CID related matters. This mandate to represent above property will remain in place until the CID Board is informed otherwise in writing.

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

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Owner(s) Authorisation**

**Owner 1**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Owner 2**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return the completed application form by email to: [info.sebcid@gmail.com](mailto:info.sebcid@gmail.com)