|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DETAILS OF OWNER** | | | | | | (**Please Fill In Your Details Below)** | | | | | | | | |  | |  |  | |
|  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  | |  |
| **Plot No.** |  | | **Completed Plot** | | | |  | **Building** |  | **Empty Plot** | |  |  |
|  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  | |  |
| Occupants Name & Surname | | | |  | | | | | | | | ID. |  | |  | |  |  | |
| Property Registrant Name | | | |  | | | | | | | | | | | | | | | |
| Main Contact number | | | |  | | | | | | email address | |  | | | | | | | |
| Spouse Name & Surname | | | |  | | | | | | | | ID. |  | | | | | | |
| Main Contact number | | | |  | | | | | | email address | |  | | | | | | | |
| Alt Phone Numbers: | | | |  | | | | | | Cc email address: | |  | | | | | | | |
| Residential Address: | | | |  | | | | | | Postal Address | |  | | | | | | | |
| Business Address: | | | |  | | | | | |  | |  | | | | | | | |
|  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  | |  |
| **Other occupants on the property** | | | | | | | | | | | | | | | | | | | |
|  | Occupants Details: | | | | | | | Contact | | | Relation to Owner | | | | | | | | |
| Name: |  | | | | | | |  | | |  | | | | | | | | |
| Name: |  | | | | | | |  | | |  | | | | | | | | |
| Name: |  | | | | | | |  | | |  | | | | | | | | |
| Name: |  | | | | | | |  | | |  | | | | | | | | |
| Name: |  | | | | | | |  | | |  | | | | | | | | |
| **Alarm System Yes No Monitored by Estate or External (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Vehicle Details** | | | | | | | | | 1.Make |  | Reg. No |  | 4.Make |  | Reg. No |  | | 2.Make |  | Reg. No |  | 5.Make |  | Reg. No. |  | | 3.Make |  | Reg. No |  | 6.Make |  | Reg. No |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **ICE (In Case of Emergency) For PHOAT Records (Strictly Confidential)** | | | | | | | Name & Surname |  | | | Relation |  | | Contact No. |  | Email |  | | | | Medical Doctor |  | Numbers |  | | | | Medical Aid Details |  | | | | |   I/We acknowledge that residents of Phakalane Golf Estate are bound by a constitution and set of rules governing the use of the estate it's facilities. | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | |
| I/We further understand that these rules are not intended to limit the lifestyle of residents but rather to protect them and are equally binding on all Owners and Tenants. | | | | | | | | | | | | | | | | | | | |
|
| Failure to so by myself/ourselves or any guest, employees or any other invitee may result in the Homeowners Association issuing fines to the owner of the property as well as taking any other measures available to the Homeowners Association in order that I/We comply. | | | | | | | | | | | | | | | | | | | |
|
| Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on the \_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  | |  |  |  | Owner Signature | | | | | | | |