



FURNITURE or GOODS TRANSPORT AUTHORITY

HOMEOWNERS' ASSOCIATION

Name of Person (Removing the Goods) Moving in or out of the Estate				
Resident Name (From where goods are removed or moved to)				
Physical Address (From where goods are removed or moved to)				
Stand Number				
Brief Description of Goods/Furniture				
Date of Delivery	Delivery		Exit	

***I, (full name & surname),
herewith confirm that I am the owner of the abovementioned furniture / goods and I confirm
that these furniture / goods may be removed/ brought from/ onto the Estate.***

Date

Signature: Resident
(Owner of Goods or Furniture)

NOTE: White River Country Estate fully complies with the prescriptions and requirements of the Protection of Personal Information Act no 4 of 2013