



RESIDENTS INFORMATION FORM

(To be completed by a Homeowner)

HOMEOWNERS' ASSOCIATION

FULL NAME & SURNAME:			
DATE OF OCCUPATION:			
STAND NO:			
STREET ADDRESS:			
REGISTERED OWNER(S):			
POSTAL ADDRESS: (For Levy Account)		Postal code:	
TELEPHONE (Home):			
CELL NO.(MR):			
CELL NO. (MS):			
E-Mail (Home):			
E-Mail (Work):			
OCCUPANTS of the HOUSE	NAME	RELATION I.E. OWNER, TENANT, SPOUSE, CHILD	AGE
STAFF (Name)	STAFF (I.D.)		OCCUPATION: DOMESTIC, GARDENER
Do you have a house alarm: Y / N	Do you permanently reside in this house : Y / N		Do you rent this house out : Y / N
Vehicle registration numbers			
IN CASE OF EMERGENCIES			
Keyholder's name:		Tel:	
APPLICANT SIGNATURE:			DATE:

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