

VILLA ROX-ZANI HOMEOWNERS ASSOCIATION (NPC)

HOMEOWNER'S REGISTRATION FORM

Email completed form to admin@villaroxzani.co.za

UNIT NUMBER:		DATE OF OWNERSHIP:	
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Note: Please attach ID copies of all the owners listed.

REGISTERED OWNER INFORMATION			
Ownership Type:	Private		Company
Company / Trust Name: (if applicable)			
Company / Trust Registration Number:			
Owner / Trustee(s) / Directors detail:			
Person 1			
Full names:		Surname:	
ID Number:		Country of Birth:	
Contact Number:		Email:	
Postal Address:			
Person 2			
Full names:		Surname:	
ID Number:		Country of Birth:	
Contact Number:		Email:	
Postal Address:			
Person 3			
Full names:		Surname:	
ID Number:		Country of Birth:	
Contact Number:		Email:	
Postal Address:			
Next of Kin (In case of emergency - Not living with you)			
Name: _____ Relation: _____ Contact Number: _____			
PLEASE PROVIDE US WITH A RESIDENTIAL ADDRESS IF THE OWNER WIL NOT RESIDE AT VILLA ROX-ZANI			
Complex / Apartment / Building Name:			
Unit Number:			
Street Name & Unit / House Number:			
Suburb:			
City:			
Country:			

I, _____ with ID number: _____ by signing this document, declare that the above information is true and correct. I further acknowledge that I have received and read the associations rules and regulations and has committed myself to abide thereby.

Signature of Owner / Duly Authorised Person

Date