OWNER INFORMATION SHEET

PROPERTY	
DEVELOPMENT	La Roche Estate, Old Helshoogte Road, Stellenbosch
ERF / PLOT NUMBER	

COMPANY / TRUST NAME (if applicable)			
NAME			
REGISTRATION NO			
PHONE		E-MAIL	

OWNER 1 / COMPANY OR TRUST REPRESENTATIVE 1			
FULL NAME/S			
ID / PASSPORT NO			
PHONE WORK		E-MAIL	

OWNER 2 / OWNER OR TRUST REPRESENTATIVE 2			
FULL NAME/S			
ID / PASSPORT NO			
PHONE WORK		E-MAIL	

CONTACT DETAILS FOR LEVY STATEMENT AND CORRESPONDENCE FROM HOME OWNERS ASSOCIATION	
E –MAIL	
POSTAL ADDRESS	
E-mail address will be used for all correspondence except if otherwise requested in writing.	

LIST OF ADDITIONAL OCCUPANTS (who require facial recognition access)					
NAME		AGE		CELL NO	
NAME		AGE		CELL NO	
NAME		AGE		CELL NO	
NAME		AGE		CELL NO	

LIST OF CELL PHONE NUMBER/S YOU WOULD LIKE TO ADD TO ESTATE WHATSAPP GROUP (number will be added to list administered by a La Roche resident only if you are one of the signatories of this form)					
NAME		CELL		SIGN	
NAME		CELL		SIGN	
NAME		CELL		SIGN	
NAME		CELL		SIGN	

Signed and dated by the OWNER.

Signed at		on this the		day of		20	

SIGNATURE OWNER 1 SIGNATURE OWNER 2

Please return the completed information sheet to LKPM – natasha@lkpm.co.za