

The Wilds Estate Home Owners Association

BODY CORPORATES - SECTIONAL TITLE UNITS

In terms of the following: SECTIONAL TITLE SCHEMES MANAGEMENT ACT, 2011 (ACT No. 8 of 2011)
and REGULATIONS - PART 6 - ADMINISTRATIVE MANAGEMENT - Governance documents
and Records - 27 (2) (b) (i) to (v)

**PLEASE COMPLETE THE FORM BELOW AND SUBMIT IT TO THE CHAIRMAN / TRUSTEE OF THE COMPLEX
WITH IN 7 WORKING DAYS FOR YOUR ACCESS CARDS NOT TO EXPIRE - THE ACCESS CARD WAS ONLY
PROGRAMMED FOR 7 WORKING DAYS**

*** * * 2nd PAGE: NEW OWNER / TENANT TO RETURNED THIS PAGE TO THE HOA ACCESS CARD OFFICE AT
GATE 1 TO HAVE THE ACCESS CARDS ACTIVATED**

This information is required to be lodged at the CSOS (Community Schemes Ombud Service) ASAP

DATE:

OWNER

TENANT

*Please tick the
applicable box*

PLEASE PRINT CLEARLY

FULL BIRTH NAMES & SURNAME:

IDENTITY NUMBER:

OR

NON-SOUTH AFRICAN, then passport number:

TELEPHONE NUMBERS:

EMAIL ADDRESSES:

FOR OWNERS ONLY: BONDHOLDERS NAME / ADDRESS:

SECTIONAL COMPLEX NAME & YOUR UNIT NUMBER:

COMPLEX NAME:

UNIT NO:

POSTAL ADDRESS:

BODY CORPORATES - SECTIONAL TITLE UNITS

***** 2nd PAGE: NEW OWNER / TENANT TO RETURNED THIS PAGE TO THE HOA ACCESS CARD OFFICE AT GATE 1 TO HAVE THE ACCESS CARDS ACTIVATED**

SECTIONAL TITLE COMPLEX NAME: _____

UNIT NUMBER: _____

OWNER

TENANT

PLEASE TICK THE CORRECT BOX

FULL BIRTH NAMES & SURNAME OF OWNER / TENANT:

IDENTITY NUMBER: _____

SIGNATURE: _____

DETAILS REQUIRED FROM CHAIRPERSON / TRUSTEE WHO APPROVED THE ACTIVATION

NAME & SURNAME: _____

TELEPHONE NUMBER: _____

UNIT NUMBER: _____

SIGNATURE: _____

DATE: _____