Registration No.: 2014/179104/08

MANDATE TO REPRESENT PROPERTY OWNER(S)

Registered Property Owner(s) Detail

I/We as owner(s)

Owner 1

Name: _____ Surname: _____

ID number: _____

Owner 2

Name: _____ Surname: _____

ID number: _____

Of

Erf No.	Physical Address

hereby authorise

Representative Details

Name: _____ Surname: _____

ID number: _____

Residential Address:
_____

_____

Postal Address:
_____

_____

***Note**: Where your residential address differs from your postal address, only your postal address will be recorded in the Members' Register as the representative.*

Contact Details:

Home tel.: _____ Work tel.: _____

Cellular: _____ Fax: _____

Email address: _____

to represent the owner(s) in respect of all CID matters relating to LLANDUDNO SPECIAL RATING AREA CID

Representative Acceptance

I, _____ (Name and Surname) hereby accept the nomination to represent the owner(s) as a member of the LLANDUDNO SPECIAL RATING AREA CID in respect of all CID related matters. This mandate to represent above property will remain in place until the CID Board is informed otherwise in writing.

Notices and communication needs to be addressed to the *(tick appropriate box)*:

- ☐ The physical address
- ☐ The postal address
- ☐ The email address

Signature: _____ Date: _____

Owner(s) Authorisation

Owner 1

Signature: _____ Date: _____

Owner 2

Signature: _____ Date: _____

Please return the completed application form by email to: admin@llandudno.org.za