

## **RESIDENT INFORMATION: CRAIGAVON PARK BODY CORPORATE**

Please provide me with all the information requested below and fax to Lofthouse Property 086 211 7995 or email to Lofthouse@netactive.co.za

DO NOT LEAVE AT GUARD HUT

DATE OF APPLICATION:					
PLEASE TICK: R	egistered Owner	or		Tenant	
UNIT NO :					
NAME & SURNAME:					
EL WORK : TEL HOME :					
TEL CELL:		FAX N	IUMBER :		
EMAIL ADDR :					
POSTAL ADDRESS :				CODE :	
EMERGENCY CONTACT	DETAILS SHOUL	D OWNER	(S) BE AW	AY:	
NAME :					
CONTACT NO :					
TO ADD YOUR TEL./CEL	L TO THE INTER	COM FOR Y	OUR VISI	TORS PLEASE	COMPLETE BELOW
SECTION OR ELSE LEAV	<u>/E IT BLANK:  (</u> (P	refix 3 Lett	ers ie Mr,	Mrs, Hom)	
NEW ENRTY or	UPDATE EXI	STING CON	NTACT NU	MBERS	
INTERCOM CONTACT N	JMBER :			Prefix : (	)
Name & Surname :					
INTERCOM CONTACT NUMBER :				Prefix : (	)
Name & Surname :					
INTERCOM CONTACT N	JMBER :			Prefix : (	)
Name & Surname :					
VEHICLE REGISTRATION	<u> 1 NO :</u>	<u></u>	M	AKE :	<u></u>
VEHICLE REGISTRATION NO :MAKE :					
TO PLACE AN ORDER FO	OR NEW REMOTE	CONTRO	L(S) PLEA	SE COMPLETE	BELOW SECTION OR
ELSE LEAVE IT BLANK:					
(Once off R 235 per remo	te control, billed to	levies acco	ount – maxi	mum of two remo	ote control per unit.)
NEW REQUEST of	r ADDITIO	NAL REMO	OTE(S)		
QUANTITY REQUIRED: [	One Remo	ote 🔲	Two Rem	otes	
I have received, read and	understood the rule	es of Craiga	avon Park B	Body Corporate a	nd will abide by these
rules while I reside in the c	omplex.				

Date .....