

RESIDENTIAL ACCESS CARD APPLICATION



THE DETAILS OF ALL CARD HOLDERS MUST BE PROVIDED. UPON COMPLETION THIS FORM MUST BE RETURNED TO THE HOA OFFICE.

Owner	NAME OF REGISTERED OWNER	SURNAME OF REGISTERED OWNER	REGISTERED OWNER ID / PASSPORT NUMBER
	EMAIL ADDRESS OF THE PERSON RESPONSIBLE FOR THE PAYMENT OF LEVY		
	PO BOX	SUBURB	CODE
	6 DIGIT ACCESS CARD NUMBER 0 0		

OWNERS TO COMPLETE ALL SECTIONS INCLUDING TENANT DETAILS (IF APPLICABLE)

Tenant	NAME OF TENANT	SURNAME OF TENANT	TENANT ID NUMBER / PASSPORT NUMBER
	EXPIRY/RENEWAL DATE OF LEASE		
	EMAIL ADDRESS		
	PO BOX	SUBURB	CODE
6 DIGIT ACCESS CARD NUMBER 0 0			

TENANTS TO COMPLETE ALL SECTIONS INCLUDING REGISTERED OWNERS DETAILS

Stand	HOUSE NUMBER	STREET NAME	STAND NUMBER	CRESCENT (1)	GLEN (3)	CLOSE (5)
	A OR B <small>(Please mark with an X)</small>		A OR B <small>(Please mark with an X)</small>	MANOR (2)	GARDENS (4)	HILLS (6)
				<small>(Please mark with an X)</small>		
PHASE 7						

Additional Cards	ADDITIONAL CARD HOLDERS			
	NAME	SURNAME	ID NUMBER / PASSPORT NUMBER	ACCESS CARD NUMBER
				0 0
				0 0
				0 0
				0 0
				0 0

Gate	PHONE NUMBERS TO CALL FOR ACCESS	NAME OF PERSON	(MR, MRS, ETC)	DESCRIPTION OF NUMBER (WIFE, HUSBAND, OFFICE, ETC)	VAS NUMBER

Employees	EMPLOYEES - DOMESTICS & GARDENERS		
	NAME	SURNAME	ID NUMBER / PASSPORT NUMBER

Note: All information is confidential and will only be used by the Thatchfield Home Owner Association.

I certify that the above information are true and correct.

FULL NAME	SIGNATURE	DATE
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