



GSCID

Improving our neighbourhoods together

APPLICATION FOR REGISTRATION FOR MEMBERSHIP OF THE GROOTE SCHUUR COMMUNITY IMPROVEMENT DISTRICT (GSCID)

Representative's Details

Full Name & Surname: _____

Identity Number: _____

Residential Address: _____

Telephone: _____

Email: _____

Company / Property Being Represented's details

Company/Owners Name: _____

Physical Address: _____

Telephone: _____

Cell Phone: _____

Erf Number (s): _____

I hereby confirm that I am the Authorised Representative or am elected by means of a resolution (if applicable) from the Landlord of the above mentioned erven.

Thus done and signed at _____ on this _____

day of _____ 20 _____

Signature