



SIMON'S KLOOF COMMUNITY IMPROVEMENT DISTRICT NPC

Registration No.: 2024/354640/08

APPLICATION FOR ADMISSION OF MEMBERSHIP BY JURISTIC PERSON / OTHER BODY

To the Board of the Simon's Kloof Community Improvement District NPC

_____ hereby applies for membership and to be entered into the
Insert name of Juristic Person/Other Body

NPC's Membership Register.

General Note on Information

Under the Companies Act, the Members' Register must contain the following information in respect of each member: (a) name; (b) business, residential or postal address; (c) email address (*unless person has declined to provide an email address*); and (d) an identifying number unique to that person (*e.g. in the case of a company, the company registration number or representatives ID number*).

However, the Simon's Kloof Community Improvement District NPC will keep any email address provided confidential when any member or outside third party requests access to the Members' Register under the Companies Act, unless you give your written consent.

Details of Juristic Person / Other Body

Name of Company/ Close Corporation/ Trust/ Sectional Title Body Corporate/ Partnership/ Other Body (*circle whichever is applicable*):

_____ *Insert name of Company*

Registration no. (*if any*): _____

Physical Address:

Postal Address:

_____	_____
_____	_____
_____	_____

NOTE: Where the body's physical address differs from its postal address, only its postal address will be recorded in the Members' Register.

Website address (*if any*): _____

Details of Representatives

Representative: _____ Designation: _____

ID number: _____

Contact Details of Representative:

Business tel.: _____ Fax: _____

Cell. No.: _____

Email address: _____

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

☐
☐
☐

The physical address
The postal address
The email address

Details of Property

The aforesaid body is the registered owner/ co-owner *(strike through whichever is not applicable)*, of the following property located within the Simon's Kloof Community Improvement District.

Erf No.	Physical Address

Warranty by Signatory

I am the authorised signatory of the abovementioned juristic person/ body *(by resolution or letter of authorisation, a copy of which is attached hereto)*, and warrant that I have the necessary authority to apply for membership of the Simon's Kloof Community Improvement District NPC.

Name: _____ Surname: _____

Email address: _____

ID number: _____

(Note: your identity number will be kept confidential and not disclosed to third parties, without your written consent).

Signature: _____

Signed at _____ on this the _____ day of _____ 20 ____

Submission of application

Please return the completed application form by email to: skcid@simonskloofcid.co.za or deliver to the Simon's Kloof Community Improvement District NPC office 25 Victory Way, Simons Town, Cape Town, Western Cape, 7975.