TENANT INFORMATION FORM

To be completed by Owners who have tenants residing within the complex.

SCHEME NAME: UNIT NO.

---

1. TENANTS DETAILS :

TITLE:…… INITIALS: ..... ID NO: ……..

SURNAME: .....

TEL: (W) ……..... (H) ..... ….. (C) .....

E-MAIL ADDRESS;……

POSTAL ADDRESS: .....

.....

.....

CONTACT NAME IN AN EMERGENCY: .....

TEL: (W) ……..... (H) ..... (C) …. .....

2. CO-OCCUPANTS RESIDING AT UNIT:

NAME:……AGE:……GENDER: M or F

NAME:……AGE:……GENDER: M or F

NAME:……AGE:……GENDER: M or F

VEHICLE DETAILS 1. Make: ……Colour:……..... Reg no :…….....

2. Make: ……Colour:……..... Reg no :……

---

3. LANDLORD /REGISTERED OWNER DETAILS

TITLE: …….. INITIALS:…….. SURNAME:……

TEL: (W) ..... (H) ..... (C) .....

E-MAIL ADDRESS:……

---

4. AGENTS DETAILS (If applicable) ……

CONTACT PERSON:…….. PH NO:. ……..

E-MAIL ADDRESS:……..

Kindly complete and return to :-

Fax to:- Managing Agents – Milward & King - 021 797 3062 or

E-mail to:- info@mandk.co.za