



Camps Bay
City Improvement District

MANDATE TO REPRESENT PROPERTY OWNER(S)

Note: The CID Administration and Board will keep your personal information confidential. Without written consent, disclosure to third parties will be limited to CID procedures prescribed by the City of Cape Town.

Registered Property Owner(s) Detail

I/We as owner(s)

Owner 1

Name: _____ Surname: _____

ID number: _____

Owner 2

Name: _____ Surname: _____

ID number: _____

Owner 3

Name: _____ Surname: _____

ID number: _____

Of

Erf No.	Physical Address

Hereby authorise:

Representative Details

Name: _____ Surname: _____

ID number: _____

Residential Address:

Postal Address:

Note: Where your residential address differs from your postal address, only your postal address will be recorded in the Members' Register for the representative.

Contact Details:

Home tel.: _____ Work tel.: _____

Cellular: _____ Fax: _____

Email address: _____ to represent the owner(s) in respect of all

CID matters relating to _____ (CID name).

Representative Acceptance

I, _____ (Name and Surname) hereby accept the nomination to represent the owner(s) as a member of the _____ (CID name) in respect of all CID related matters. This mandate to represent above property will remain in place until the CID Board is informed otherwise in writing.

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

- The physical address
- The postal address
- The email address

Signature: _____

Date: _____

Owner(s) Authorisation

Owner 1

Signature: _____

Date: _____

Owner 2

Signature: _____

Date: _____

Owner 3

Signature: _____

Date: _____