KRAAIBOSCH
COUNTRY ESTATE AND MANOR
HOMEOWNERS ASSOCIATION

FORM 2 – BUISNESS/ CONTRACTOR REGISTRATION

Company name _____ Physical Address_____

_____ _____ _____

Responsible person *Principal ID* *Contact number*

Site Manager Name. _____

Contact details _____ _____

Cell phone *email*

Vehicles 1. _____ _____

Make *Registration no.*

2. _____ _____

Make *Registration no.*

3. _____ _____

Make *Registration no.*

Number of staff _____

The undersigned hereby acknowledges notice of and compliance with the KHOA House Rules and Architectural Guidelines.

NOTES: _____

_____ _____ _____

Signature *Name in print* *Date*

* **FORM 3 TO BE COMPLETED FOR ALL TEAM MEMBERS.**

KHOA will entertain all information confidentially and in accordance with the Popi Act (July 2020)

KHOA Registration officer _____ _____ _____

Signature *Name in print* *Date*

Submit