



## FORM 4 - ESTATE AGENT REGISTRATION FORM

Hereby I, \_\_\_\_\_

Principal of \_\_\_\_\_

Request(s) that the following Agent(s) be registered on the Kraaibosch database:

1. Name and Surname: \_\_\_\_\_

Tel/cell: \_\_\_\_\_

Email: \_\_\_\_\_

2. Name and Surname: \_\_\_\_\_

Tel/cell: \_\_\_\_\_

Email: \_\_\_\_\_

3. Name and Surname: \_\_\_\_\_

Tel/cell: \_\_\_\_\_

Email: \_\_\_\_\_

I acknowledge that all the registers agents have read and understood our Architectural Guidelines and Estate Rules.

\_\_\_\_\_  
AGENT SIGNATURE                      PRINCIPAL SIGNATURE                      DATE

**Registration fee: R400 per Agent**

**Payments may be made to:**

Kraaibosch Country Estate & Manor HOA  
FNB Garden Route Mall, Branch Nr.: 250069  
Account no: 62139678520  
Reference: Agent Fee (Company)

Note: Proof of payment to accompany application.