

Epping City Improvement District SRA

THE EXTENSION OF A SPECIAL RATING AREA
IN ACCORDANCE WITH THE SPECIAL RATING AREA BY LAW 2012, as amended 2016

The property located at:

Physical address	
Erf Number/s	

falls within the proposed extended ECID SRA. The main objectives of this SRA are to improve and upgrade the area in the manner envisaged in the Business Plan dated 2nd August 2016

Note: If you are not the registered owner of the property and intend signing this form on behalf of the registered owner, you are required, in addition, to complete the warranty in Part B below. [Delete that which is not applicable]

Part A: Owners detail

A1 Natural person (Delete if not applicable)

Surname	
Name	
Identity Number	
Tel and fax Numbers	
Email Address	

A2 Juristic person (Delete if not applicable)

Registered property name	
Registration Number (where registered owner is a juristic person)	
Tel and fax Numbers	
Email Address	

Part B: Warranty by signatory on behalf of property owner (Delete if not applicable).

The authority resolution / letter needs to be attached and concur with details in part A and B

Surname	
Name	
Identity Number	
Tel and fax Numbers	
Email Address	

Part C: Consent or Objection

- I consent to the extension of the ECID SRA boundaries as per the Business Plan dated 2nd August 2016
- I do not consent to the extension of the ECID SRA boundaries as per the Business Plan dated 2nd August 2016 for the reasons below.

I am the authorised signatory of the abovementioned natural or juristic person, as the case may be and warrant that I have the necessary authority to vote on behalf of the registered owner of the property in terms of the establishment of the proposed SRA.

Signature: _____

this ____ day of _____ 20__

Guidelines to Complete Consent Form:

It will be greatly appreciated if you will kindly complete and sign the attached form for your property.

Individual property owners need to complete Part A1 of the form. If you are signing on behalf of an owner/s and have the authority to do so, please complete Part A1 and Part B.

If you are signing on behalf of an organisation, company, trust or group of owners, and have the authority to do so, please complete Part A2 and Part B.

For owners of Sectional Title Units or multiple properties a schedule listing all units and/or properties under consideration can be provided that could be attached to the form. On signature please initial all pages if applicable.

Please return the completed and scanned form to the ECID offices via email: lizette@ecid.org.za or please contact us on 021 535 5814 to collect the completed form.

This form should reach the ECID office on or before