



CID Information Form

This information form is to be completed as comprehensively as possible so as to assist the Savoy Waverley Active Protection committee with the establishment of an Improvement District (CID).



Please contact us once the form is complete to arrange collection or fax to (011) 809-7881
Tel: 082 419-SWAP (7927)
info@s-w-a-p.co.za // www.s-w-a-p.co.za

Property Information	Erf Number	<input type="text"/>	Complex Name	<input type="text"/>		
	Stand / Portion Number	<input type="text"/>	Unit Number	<input type="text"/>		
	Physical Address		Property Type	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Commercial <input type="checkbox"/> Institution <input type="checkbox"/> School		
	Street Number	<input type="text"/>			Ownership Type	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Closed Corporation <input type="checkbox"/> Private Company
	Street Name	<input type="text"/>				
	Suburb	<input type="checkbox"/> Savoy Estate <input type="checkbox"/> Waverley				
	Postal Address	<input type="text"/>				
		<input type="text"/>				
	Ownership	<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied <input type="checkbox"/> Under Construction	Registered Owner	<input type="text"/>		
			Registration Number (If Applicable)	<input type="text"/>		
		Armed Response	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Select option)</i>			
		If Yes, Service Provider	<input type="text"/>			
		Corner Stand?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Select option)</i>			

Please ensure that a recent copy of your latest rates & taxes account is attached to this form

Comments	<input style="width: 100%; height: 100%;" type="text"/>
-----------------	---

City Improvement District (CID)	Do you support the establishment of an Improvement District in the Savoy & Waverley area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	By signature hereof, I confirm that the information set out on this form is true and correct.	Signature
		By / On behalf of Registered Owner

Information - Primary Contact	First Name	<input type="text"/>
	Surname	<input type="text"/>
	Nickname	<input type="text"/>
	Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Prof. <input type="checkbox"/> Rev.
	Participate in BlockWatch	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Select option)</i>
	Preferred Evening	<input type="text"/>
	Assist as CID Captain	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Select option)</i>

ID Number	<input type="text"/>
Telephone - Work	<input type="text"/>
Telephone - Home	<input type="text"/>
Fax - Work	<input type="text"/>
Fax - Home	<input type="text"/>
Cellular Number	<input type="text"/>
E-Mail	<input type="text"/>
Capacity	<input type="text"/>

Information - Secondary Contact	First Name	<input type="text"/>
	Surname	<input type="text"/>
	Nickname	<input type="text"/>
	Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Prof. <input type="checkbox"/> Rev.
	Participate in BlockWatch	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Select option)</i>
	Preferred Evening	<input type="text"/>
	Assist as CID Captain	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Select option)</i>

ID Number	<input type="text"/>
Telephone - Work	<input type="text"/>
Telephone - Home	<input type="text"/>
Fax - Work	<input type="text"/>
Fax - Home	<input type="text"/>
Cellular Number	<input type="text"/>
E-Mail	<input type="text"/>
Capacity	<input type="text"/>



Abridged Principal Information

Please list below the details for family members resident on the premises, as well as Domestic Workers and Casual Employees

Erf

Stand / Portion

Principal Information	First Name	<input type="text"/>	ID Number	<input type="text"/>
	Surname	<input type="text"/>	Cellular Number	<input type="text"/>
	Nickname	<input type="text"/>	E-Mail	<input type="text"/>
	Gender	<input type="text" value="Male"/> <input type="text" value="Female"/> (Select option)	Capacity	<input type="text"/>

Principal Information	First Name	<input type="text"/>	ID Number	<input type="text"/>
	Surname	<input type="text"/>	Cellular Number	<input type="text"/>
	Nickname	<input type="text"/>	E-Mail	<input type="text"/>
	Gender	<input type="text" value="Male"/> <input type="text" value="Female"/> (Select option)	Capacity	<input type="text"/>

Principal Information	First Name	<input type="text"/>	ID Number	<input type="text"/>
	Surname	<input type="text"/>	Cellular Number	<input type="text"/>
	Nickname	<input type="text"/>	E-Mail	<input type="text"/>
	Gender	<input type="text" value="Male"/> <input type="text" value="Female"/> (Select option)	Capacity	<input type="text"/>

Principal Information	First Name	<input type="text"/>	ID Number	<input type="text"/>
	Surname	<input type="text"/>	Cellular Number	<input type="text"/>
	Nickname	<input type="text"/>	E-Mail	<input type="text"/>
	Gender	<input type="text" value="Male"/> <input type="text" value="Female"/> (Select option)	Capacity	<input type="text"/>

Principal Information	First Name	<input type="text"/>	ID Number	<input type="text"/>
	Surname	<input type="text"/>	Cellular Number	<input type="text"/>
	Nickname	<input type="text"/>	E-Mail	<input type="text"/>
	Gender	<input type="text" value="Male"/> <input type="text" value="Female"/> (Select option)	Capacity	<input type="text"/>

Principal Information	First Name	<input type="text"/>	ID Number	<input type="text"/>
	Surname	<input type="text"/>	Cellular Number	<input type="text"/>
	Nickname	<input type="text"/>	E-Mail	<input type="text"/>
	Gender	<input type="text" value="Male"/> <input type="text" value="Female"/> (Select option)	Capacity	<input type="text"/>

Principal Information	First Name	<input type="text"/>	ID Number	<input type="text"/>
	Surname	<input type="text"/>	Cellular Number	<input type="text"/>
	Nickname	<input type="text"/>	E-Mail	<input type="text"/>
	Gender	<input type="text" value="Male"/> <input type="text" value="Female"/> (Select option)	Capacity	<input type="text"/>