



Registration No.: 1999/009132/08

**TO BE COMPLETED ONLY BY MEMBERS (OR THEIR DULY AUTHORISED REPRESENTATIVE),  
OF THE CAPE TOWN CENTRAL CITY IMPROVEMENT DISTRICT NPC**

## **MANDATE TO REPRESENT PROPERTY OWNER(S)**

**Note:** *The Applicant and the 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**

| <b>Erf No.</b> | <b>Physical Address</b> |
|----------------|-------------------------|
|                |                         |
|                |                         |
|                |                         |
|                |                         |

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 as 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: \_\_\_\_\_

**Notes to mandate form:**

1. Signed and dated mandate forms (original or electronic copies), must be delivered to the office of the Company at **1 Thibault Square, 13<sup>th</sup> Floor, Cnr Long St & Hans Strijdom Ave, Cape Town, 8001** or transmitted via email to: [stephen@capetownccid.org](mailto:stephen@capetownccid.org) on or before **11 November 2019**.
2. No mandate forms will be accepted at the meeting.
3. The member(s) shall not be precluded from attending, speaking and voting at the meeting by virtue of lodging this mandate form as aforesaid. In such an event, the member(s) will be deemed to have revoked the mandate appointment.
4. Any alteration to this proxy form must be initialled by the signatory(ies).