

Establishment of the Park Island City Improvement District (CID) in accordance with the City of Cape Town: Special Rating Area By-law, 2012 (as amended) (the “By-law”)

CONSENT/OBJECTION FORM

Details of Property	
Erf No.	Physical Address

The main objectives of this CID are to improve and upgrade the area in the manner envisaged in the Public Meeting held on 20th October 2022.

COMPLETION OF CONSENT FORM

- Registered property owners who are natural persons: complete PART A(i) and PART C. *(If the signatory is not the owner of the property and signs this form on behalf of such a registered property owner, the signatory must also complete the warranty under PART B and attach proof of authorisation to this form).*
- Registered property owners who are juristic persons or other bodies: complete PART A(ii); PART B and PART C.
- Owners of Sectional Title Units or multiple properties may request a schedule, listing all units and/or properties falling within the boundaries of the proposed CID. If you elect to make use of this schedule to identify your properties, please initial every page of the Schedule upon which your properties appear and submit the schedule together with this form.
- In the case of a juristic person or other body the following **must be attached to the application**:
 - a resolution giving authority (on a company letterhead) stating the resolution number and representatives details as per Part B; or
 - a letter giving authority stating the details as per Part A(ii) and Part B and must be signed by all Directors and include a copy of the CK2 document indicating current Directorship.

Please note: *The Applicant and the steering committee will keep your personal information confidential. Without written consent, disclosure to third parties will be limited to CID application procedures prescribed by the City of Cape Town.*

PART A: DETAILS OF REGISTERED PROPERTY OWNER(S)

(i) Natural Person(s)

Owner 1 – Name(s): _____ Surname: _____

ID number: _____ Work tel. _____

Home tel.: _____ Email address: _____

Cell. No.: _____

Owner 2 – Name(s): _____ Surname: _____

ID number: _____ Work tel.: _____

Home tel.: _____ Email address: _____

Cell. No.: _____

(ii) Juristic Person / Other Body

Name of Company/ Trust/ Sectional Title Body Corporate/ Other Body as it appears on Title Deed (*underline whichever is applicable*): _____

Registration no.: _____

Physical Address:

Postal Address:

Website address (if any): _____

Contact Person: _____

Designation: _____

Business tel.: _____

Cell. No.: _____

Email address: _____

PART B: WARRANTY BY REPRESENTATIVE (proof of authorisation to be attached to the form)

I hereby declare that I have been duly authorised by the aforesaid registered property owner to vote on their behalf in respect of the establishment of the proposed CID and to complete any necessary documentation in this regard.

Name(s): _____ Surname: _____

ID number: _____

Representative Capacity (if applicable): _____

Home tel.: _____

Work tel.: _____

Cell. No.: _____

Email address: _____

PART C: CONSENT / OBJECTION

I consent to the establishing of a CID as per the Business Plan.

I do not consent to the establishing of a CID as per the Business Plan, for the reasons stated below or as per the attached letter dated _____:

Owner 1 – Name(s): _____ Surname: _____

Signature: _____ Date: _____

Owner 2 – Name(s): _____ Surname: _____

Signature: _____ Date: _____

SUBMISSION OF CONSENT FORM

Please return the completed form to : Boudje Giljam

Physical Address:

Postal Address:

29 Park Island Way
Marina Da Gama

29 Park Island Way
Marina Da Gama
7945

Email to: parkislandcid@gmail.com or contact Boudje on 082 772 1389 for collection.

NOTE: This form should be submitted on or before 30th October 2022.