

ACCESS MONITORING APPLICATION

Permission



closure@maroelana.co.za
www.maroelana.co.za

MAROELANA WALK

PERMISSION FOR MONITORED ACCESS CONTROL OF MAROELANA WALK

(Maroelana Walk Refers to the area indicated on the attached drawing, MC-CC-001)

Kindly send all signed documentation and correspondence to closure@maroelana.co.za

Full names of owner/s of the property

If the owner is a Company/Trustees of a trust/CC/ or other entity: the full name of the duly authorised agent:

ID numbers / Company registration number: _____

Erf number: _____

Street address: _____

Email address: _____

Contact number/s: _____

(Herein after referred to as "the owner")

I support and offer my authorization that monitored access control for security purposes be implemented for Maroelana Walk	Yes	No
I confirm that I am the owner/tenant of the abovementioned property and declare that I understand the reason for the monitored access control project and that I am signing this document voluntarily.		

Signed at _____ on this _____ day of _____ 2024.

Name and surname (print)

Signature