

TENANT INFORMATION FORM

To be completed by Owners who have tenants residing within the complex.

SCHEME NAME: **ROYAL MAITLAND 2**

UNIT NO.

1. TENANTS DETAILS :

TITLE:..... INITIALS: ID NO:

SURNAME:

TEL: (W) (H) (C)

E-MAIL ADDRESS:.....

POSTAL ADDRESS:

.....

.....

CONTACT NAME IN AN EMERGENCY:

TEL: (W) (H) (C)

2. CO-OCCUPANTS RESIDING AT UNIT:

NAME:.....AGE:.....GENDER: M or F

NAME:.....AGE:.....GENDER: M or F

NAME:.....AGE:.....GENDER: M or F

VEHICLE DETAILS 1. Make:Colour:..... Reg no :.....

2. Make:Colour:..... Reg no :.....

3. LANDLORD /REGISTERED OWNER DETAILS

TITLE: INITIALS:..... SURNAME:.....

TEL: (W) (H) (C)

E-MAIL ADDRESS:.....

4. AGENTS DETAILS (If applicable)

CONTACT PERSON:..... PH NO:

E-MAIL ADDRESS:.....

Kindly complete and return to :-

Fax to:- Managing Agents – Milward & King - 021 797 3062 or

E-mail to:- info@mandk.co.za