

# BIOMETRIC REGISTRATION



For additional occupants please complete an additional form.  
For each lease agreement in place a separate form must be completed.

PROPERTY DETAILS		OWNERS DETAILS	
Street Address		Name	
		Address	
Erf Number		Phone no	
		Email	

AGENT DETAILS (if applicable)		LEASE DETAILS	
Agency Name		Start date	
Agent Name		End date	

DETAILS OF OCCUPANTS	Occupant 1 (Main Member)			Occupant 2			Occupant 3		
First Name									
Last Name									
Living on the estate	Yes	No	Temp	Yes	No	Temp	Yes	No	Temp
Classifications	Owner	Tenant	Other	Owner	Tenant	Other	Owner	Tenant	Other
Additional member relationship to other occupants/owner	Husband/Wife/Child/Partner/ Family Member/Other			Husband/Wife/Child/Partner/ Family Member/ Other			Husband/Wife/Child/Partner/ Family Member/Other		
Cellphone number									
ID Number									
E-mail Address									
Vehicle registration no									
Vehicle make and colour									

Only persons 18 years and older, may register on the Wave Reader System. By signing this WHOA registration form, I hereby agree on my behalf, all of my guests and all children under my care to abide by the Welgevonden Constitution and Estate Rules. I agree that fines may be issued to me/us should offences or breaches of the rules occur. The Wave Reader System is in operation for the purpose of implementing access management and security services on these premises. In order to grant you access to these premises, you are required to provide the above/below personal information, which will be processed in accordance with the Protection of Personal Information Act (POPIA).

SIGNATURE	Occupant 1 (Main Member)	Occupant 2	Occupant 3
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DATE SIGNED			v2022.09.09
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