

**NEW Registration on Wave Reader System
HOUSE OR PET SITTER OR AUPAIR OR VISITOR**

PARTICULARS OF OWNER/TENANT

| |
|-------------------|
| Name and Surname: |
| Address: |
| Telephone Number: |
| Email: |

I the undersigned hereby acknowledge that, to the best of my knowledge, all the information contained on this form is correct. I further acknowledge that I am responsible for the accuracy of this information on the security database and will inform the WHOA administration office in writing of any changes that might occur over time.

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** _____ **Date**

DETAILS OF HOUSE / PET SITTTER / AUPAIR / VISITOR

| |
|---|
| Name and Surname: |
| ID Number: |
| Home Address: |
| Telephone Number: |
| REASON FOR APPLICATION |
| PERIOD OF STAY (HOUSE OR PET SITTER OR VISITOR) |

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_____ **Signature** _____ **Date**