

Registration No.	
Office use only	

## **DEREGISTRATION / ACCESS CONTROL**

Section 1: [Please download and print]

To be completed by the <u>access disc (tag) holder</u> before refund can be made.

Erf Number:	Unit or Apartment Number	
[Mark with an X]  HOMEOWNER FAMILY	OF HOMEOWNER TENANT	FAMILY OF TENANT
Surname/First name:  ID / Passport Number  Contact Details:		
Telephone: Landline  Mobile	(Primary)	Intercom (Secondary)
Email for written communication		
Estate Physical Address:		
<b>Estate Post Box number</b> [Residen		Unit [SRV] Suite [SHOA]  Vehicle 2
Vehicle registration number:		
Registered Owner [Company, Tru	ist, etc.]:	
I hereby confirm that the informa	ation provided in Section 1 is complete and cor	rect:
SIGNED by	at	
DATE: [Day]/	[Month]/[Year]	

## DEREGISTRATION / ACCESS CONTROL BIOMETRICS CANCELLATION - CONTRACTOR

Section 2: [Please download and print]

A. Surname / First Name of the <u>Homeowner</u> for whom work was carried out:
Contact Details of Homeowner:
Landline ( )
Mobile Email:
Estate Physical Address:
B. Name of Contracting Organization:  Surname / First name of Owner:
Owner's ID Number:  Contact Details:
Telephone: Landline (
(Primary) (Secondary)  Mobile
Email for written communication:
Contractor's Physical Address:
Vehicle registration numbers:
I hereby confirm that the information provided in Section 2 is complete and correct:
SIGNED byat
DATE: [Day]/ [Month]/ [Year]

## DEREGISTRATION / ACCESS CONTROL BIOMETRICS CANCELLATION - DOMESTIC WORKERS / GARDENERS

Section 3: [Please download and print]

To be completed by the <u>Homeowner</u> or <u>Contractor</u> for each employee on site:		
Surname/ First Name		
ID Number		
Surname/ First Name		
ID Number		
Surname/ First Name		
ID Number		
Surname/ First Name		
ID Number		
Surname/ First Name		
ID Number		
Surname/ First Name		
ID Number		
Surname/ First Name		
ID Number		
	e information provided in Section 3 is complete and correct:	
	or Contractor at	
DATE: [Day]/	[Month]/[Year]	