

APPLICATION TO LET (TENANT MASTER GROUP SCHEME) PRIVATE & CONFIDENTIAL

COMPLETION OF THIS FORM WILL NOT BEW ACC	CEPTED AS A LESSEE AS FINAL ACCEPTANCE IS THAT OF THE LESSOR
Accommodation Applied For Unit Number	Building
Garage no: U/C Bay Ni:	
Lessor Period of Lease (6 or 12 Months)	Occupation Date
	/Ms/Mrs/Miss)
Present Address:	
	Cell No:Tel No:
Delete which is not applicable: OWNER/LESSEE of above	
	Rent Paid:
Previous Lessor / Agent:	
Tel No: Cell No:	Rent Paid:
Next of Kin: Name	
Address:	
Postal Code: Cell No:	Tel No:
Marital Status (Mark with an 'X')	
Married I.C.P. Married A.N.C.	Single Other
Identity No:	
S.A. Citizen YES/NO (If no, quote Resident Permit No)	
2. <u>Second Applicant</u> Full Names (Dr/Mr/	/Ms/Mrs/Miss)
Present Address:	·
Postal Code: Email:	Cell No: Tel No:
Delete which is not applicable: OWNER/LESSEE of above	ve property Years Occupied:
Present Lessor / Agent:	
Tel No: Cell No:	Rent Paid:
Previous Lessor / Agent:	
Tel No: Cell No:	Rent Paid:
Next of Kin: Name	
Address:	
	Tel No:
Marital Status (Mark with an 'X')	
Married I.C.P. Married A.N.C.	Single Other
Identity No:	
S.A. Citizen YES/NO (If no, quote Resident Permit No)	
3.No of Persons to Occupy Unit :	
Adult Male No: Name/s	Age/s
Adult Female No: Name/s	Age/s
	,

Child Female N	lo:	Name/s					Age/s
Cilia i ciliale II	lo:	Name/s					Age/s
4.Details of Emplo	ovment	_					
Applicant/s			First An	plication		Second App	licant
Employer's Name			Постр	pileution		Sccolia App	Treatie
Employer's Addre							
Occupation							
Monthly Income							
Paye/Tax No							
Period Employed							
Tel No / Ext No							
Fax No							
Contact Name							_
5.References:					lama.		
Name:							
Address:					aaress:		
Contact No/s							
Contact No's:							Maka 9 Madali
6. Car Registratio 7. Bank Details	n No:		1	Bank Lease Details: _			Make & Model:
7. Balik Details	Bank			Branch Name		anch Code	Account No
			_				
	View or	n Internet		By e-mail		В	y Post
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