RENTAL APPLICATION FORM FOR RESIDENTIAL PREMISES

Address of the premises in respect of which application is made

SANDPIPER'S NEST – FLAMINGO VLEI, CAPE TOWN

("the Premises")

DETAILS OF PERSON APPLYING TO RENT THE PREMISES ("Main Applicant")

Full name						
Maiden name (if applicable)						
Identity / passport number					(certified	copy to be attached)
Date of birth						
Nationality						
Marital status						
If married:			community of pro	perty A	NC	accrual system
Home telephone						
Work telephone						
Cellular						
Email						
Physical address						
Postal address						
Alternative Accommodation address						
Next of kin			contact number			
Are you the owner of the prop	erty where you currer	ntly stay?			yes	no
If no, please provide us with the	ne following information	on:				
Rental paid			R			
How long have you rented there?						
Name of property practitioner / lan	dlord					
Contact number						

Initia

BANKING DETAILS:							
Bank							
Branch							
Branch code							
Account number							
Type of account							
EMPLOYMENT DETAILS							
Self-employed		yes	no				
Occupation							
Current employer							
Employer's address							
Period of employment							
Gross monthly salary (before deductions and tax)					(certified attached	copy of payslip)	
Nett monthly salary					(certified attached	copy of payslip)	
Currently monthly expenses							
DETAILS OF THE SECOND PERSON APPLY	YING TO R	ENT THE PR	EMISES ("Se	cond Ap	plicant")		
Full name							
Maiden name (if applicable)							
Identity / passport number					(certified	copy to be attache	ed)
Date of birth							
Nationality							
Marital status							
If married:		community	of property	А	NC	accrual system	
Home telephone							
Work telephone							
Cellular							
Email							

Initial

Physical address					
Postal address					
Next of kin			contact num	ber	
Are you the owner of the property v	where you currently st	tay?		yes	no
If no, please provide us with the fol	lowing information:				
Rental paid		R			
How long have you rented there?					
Name of property practitioner / land	dlord				
Contact number					
BANKING DETAILS:					
Bank					
Branch					
Branch code					
Account number					
Type of account					
EMPLOYMENT DETAILS					
Self-employed		yes	no		
Occupation					
Current employer					
Employer's address					
Period of employment					
Gross monthly salary (before dedu and tax)	ctions			(certifi attach	ed copy of payslip ed)
Nett monthly salary				(certifi attach	ed copy of payslip
Currently monthly expenses				1	
GENERAL DETAILS:					
Who will be staying at the Premise the landlord of the Premises ("Lan		l of the leas	e if an agreeme	ent ("Lease Agree	ment") is concluded with
Number of adults					
					Initial

Number of pets owned			type of pets			
Number of vehicles at the Premises:						
1. Type			registration number			
2. Type			registration number			
Have you (or both of you) ever had ar	ny judgements /	defaults grante	d against you?	yes	no	
If yes, please provide details						
Are you (or both of you) presently uno proceedings?	der, or have eve	er undergone, de	bt review	yes	no	
If yes, please provide details						
Do you agree to being approached by Practitioner ") for the purpose of the capplication form?				-		-
First Applicant	yes no		Second Applicant	·	yes	no
I / we declare that the information we he that I / we have not failed to provide an have allowed the application to be successful. I / we undertakes to inform the Landlor in this application form. Upon acceptance of this application by	y information weessful.	hich, if the Land	lord of the Premises had	d known s	uch informa	ation, would not
Deposit		R				
Key deposit		R				
Utility deposit		R				
Lease fee		R				
Pro-rata rent		R				
1st (First) month's rent		R				

Initial

Total		K					
Email address where th	ne below documents mus	st be submit	ted to	nadi	a.thonnard@gmail	.com	
First Applicant			Second	d Applica	nt		
Certified RSA identity document / passport			Certified RSA identity document / passport				
Certified proof of current	address		Certified	d proof of	current address		
3 (Three) x certified pays	lips		3 (Three	3 (Three) x certified payslips			
3 (Three) months origina statements	l or bank stamped bank		3 (Three) months original or bank stamped bank statements				
Verified SARS tax number	er		Verified	I SARS ta	x number		
editworthiness; furnish informatio editworthiness of me / us	sary to assess my / our be n concerning the behavious to any registered credit b our dealings with the Landl	ur, profile, pay	yment pat	tterns, ind	ebtedness, whereal	bouts, and	
DATED AT (place)		ON				20	
FULL NAME (First Applicant) DATED AT (place)		ON	_		SIGNATU	RE	
FULL NAME (Second A	oplicant)				SIGNATU	RE	

Initial