



HORIZON BAY – RESIDENT CHECKLIST

Date: _____ Time: _____ Unit Number: _____ Occupying Dates from: _____ to _____

Full Names of Residents/Visitors (Max 2 people): _____ Contact number - Mobile: _____

Email Address: _____ ID/Passport Number: _____

Name of Concierge/Security Officer: _____ Signature of Concierge/Security Officer: _____

<u>SECTION A (Points 1 – 13 MUST be COMPLETED by the RESIDENT/VISITOR)</u>	Remarks & Signature	
Tick the appropriate box: First Time Guest <input type="checkbox"/> Repeater Resident/Guest <input type="checkbox"/> <div style="text-align: right; margin-right: 100px;">Previous Date:</div>	Owner <input type="checkbox"/> Short Stay <input type="checkbox"/> Long Stay <input type="checkbox"/> Overnight Visitor <input type="checkbox"/>	
1. <u>TOTAL NUMBER of Residents:</u> Occupying the unit -----	Adults:	Children: CHECKED:
2. <u>INDICATE & CONFIRMED:</u> Parking Bay number with resident(s) -----		
3. <u>VEHICLE License Expiry Date:</u> -----		
4. <u>VEHICLE:</u> Registration number -----		
5. <u>VEHICLE:</u> Description, make and colour -----		
6. <u>INFORMED:</u> No wood OR charcoal fires for braaing purposes are allowed -----		
7. <u>INFORMED:</u> Open windows when cooking. (Sensitive Smoke Detectors) -----		
8. <u>INFORMED:</u> Resident(s) to use towels to dry off when leaving pool area & from the beach. -----		
9. <u>INDICATE:</u> Refuse Room, Laundry and Swimming Pool to resident(s): (By “CHECK IN Person”)		
10. <u>INDICATE:</u> Nearest Fire Escape to the resident(s): (By “CHECK IN Person”) -----		
11. <u>SWIMMING POOL:</u> If the pool cover is ON, please contact the Reception Desk for assistance to roll it up.		
12. <u>NO WASHING:</u> On balconies allowed. -----		
13. <u>GUEST:</u> acknowledge receipt of IMPORTANT CONDUCT RULES NOTICE: (<i>Signature please</i>)		

**HORIZON BAY – RESIDENT CHECKLIST****Section B must be completed by the Check-In Person!**

<u>SECTION B (Points 1 – 6 MUST be COMPLETED by the Owner / Tenant / Agent)</u>	Remarks & Signature
Tick the appropriate box:	Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Agent <input type="checkbox"/> Concierge/Security <input type="checkbox"/>
1. <u>Full Name of Agent Company Name:</u>	
2. <u>E-Mail Address:</u>	
3. <u>Contact No.</u> (Cell / Mobile)	
4. <u>Contact No.</u> (Work)	
5. <u>Name of Check In Person:</u>	
6. <u>Check In Person:</u> (Signature please)	

<u>OFFICE USE: Remote/Tag Number: -</u>	
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Managing Agent contact Details:			Building Manager Comments:
Faircape Management Services	Contact Number:	E-Mail address	
Portfolio Manager: SUHAIL DESAI.	(021) 815 5700/6	pm3@fmspropertymanagers.co.za	

POPI ACT:

I/We the above signed hereby give my/our consent for the processing (use) of our personal information by Horizon Bay Body Corporate for security purposes and the Managing Agent/Trustees.