

HORIZON BAY SECURITY ENROLMENT APPLICATION

Unit Number: _____

Remote/Tag Numbers: _____

Type of access required – Vehicle access or pedestrian only: _____

Please note that only residents with vehicles will be provided with remote controls that open the roller shutters and booms for vehicle access. All other applications will be screened and provided with pedestrian only access tags.

Residents (Owners Only - please fill in Section A)

Third Party Applications (e.g. Tenant, Domestic workers and other regular service providers please fill in **Section B**)

Section A

Full Name _____

Physical Residing Address _____

ID Number / Passport Number _____

Mobile contact number _____

This number will be added to our database and will be used for urgent communications

Telephone numbers:

(Home) _____ (Work) _____

Email Address _____

This address will be added to the newsletter distribution list and will be used to communicate with residents or third parties

POPI ACT:

I/We the undersigned 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.

HORIZON BAY BODY CORPORATE

4 Blaauwberg Service Rd, Blouberggrant, Cape Town, 7441.

Tel: Building Manager •(Off.) (021) 202 9503 / 557 1678• (Cell) 076 633 6166 • E-mail Address: horizon@faircapeonsite.co.za



Parking Bay Number _____

Vehicle License Expiry Date for Vehicle Access _____

Vehicle Registration Number _____

Description of Vehicle – Make _____

- Model _____

- Colour _____

Emergency Contacts Details:

Name _____
This person should not reside at Horizon Bay and will be contacted in case of an emergency)

Telephone numbers:

(Home) _____ (Mobile) _____

(Work) _____

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Section B

This section is for Tenants, Domestic Workers and Other Regular Service Providers

Full name of person to access the building _____

Physical Residing Address _____

ID Number / Passport Number _____

Mobile contact number _____

This number will be added to our database and will be used for urgent communications

Telephone numbers:

(Home) _____ (Work) _____

Email Address _____

This address will be added to the newsletter distribution list and will be used to communicate with residents or third parties

Parking Bay Number _____

Vehicle License Expiry Date for Vehicle Access _____

Vehicle Registration Number _____

Description of Vehicle – Make _____

- Model _____

- Colour _____

Residents to provide duration of lease:

Start Date _____

End Date _____

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Emergency Contacts Details:

Name

This person should not reside at Horizon Bay and will be contacted in case of not being able to get hold of the resident in the case of an emergency

Telephone numbers:

(Home) _____ (Work) _____

(Mobile) _____

Notes or comments to bring to the attention of the Trustees

NEW ACCESS CONTROLS ARE CHARGED AT THE FOLLOWING RATES:

- 4 button vehicle access remote controls **R500.00** per remote
- Access tag for pedestrian access **R150.00** per tag

I, the undersigned, declare that:

- The information provided in this application form is to the best of my knowledge true and current. I confirm that I have read and agree to abide by the Security Policy for Horizon Bay. I acknowledge that this Security Policy may be altered from time to time by the Trustees of the Body Corporate to cater for new security threats or to address new access control challenges that may arise.
- I acknowledge that I have read and understand Horizon Bay's conduct rules and agree to abide by these rules.
- I acknowledge that the access control granted is for a finite amount of time only and that I will need to reapply for access should my access control expire.
- I hereby take responsibility for the access controls provided to me and agree to notify the Building Manager should the controls be lost, stolen or no longer be under my control.

Signed by

PRINT NAME ABOVE PLEASE

Signature

Signed at

_____ on _____

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