
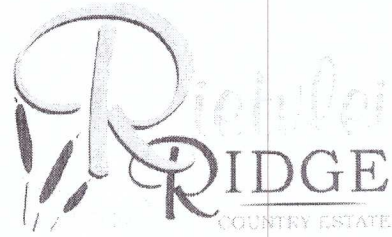


DOMESTIC REGISTRATION FORM

Rietvlei Ridge	<input type="checkbox"/>	Unit / Stand Nr
Lakestead	<input type="checkbox"/>	<input type="text"/>
Brookdale	<input type="checkbox"/>	
Waterfall	<input type="checkbox"/>	



*Please complete in clear capital letters and return to the guard house.
Please attach a copy of his/her ID document to this form.*

Resident Name and Surname:	<input type="text"/>
Resident Contact number/s:	<input type="text"/>

Domestic Name and Surname:	<input type="text"/>
Domestic ID Number:	<input type="text"/>
Domestic Contact number/s:	<input type="text"/>
Domestic Signature:	<input type="text"/>

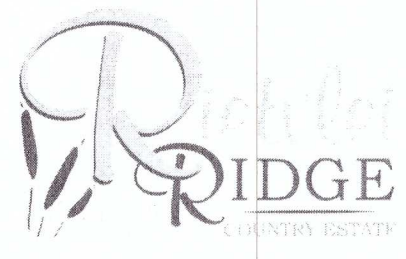
Domestic:	Fulltime <input type="checkbox"/>	Part time <input type="checkbox"/>					
If part time, which days:	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>	Sun <input type="checkbox"/>

Signed: _____	Date: _____ DD/MM/YYYY
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Plea

GARDENER REGISTRATION FORM

Rietvlei Ridge	<input type="checkbox"/>	Unit / Stand Nr
Lakestead	<input type="checkbox"/>	<input type="text"/>
Brookdale	<input type="checkbox"/>	
Waterfall	<input type="checkbox"/>	



Please complete in clear capital letters and return to the guard house.
Please attach a copy of his/her ID document to this form.

Resident Name and Surname:

Resident Contact number/s:

Gardener Name and Surname:

Gardener ID Number:

Gardener Contact number/s:

Gardener Signature:

Gardener: Fulltime Part time

If part time, which days: Mon Tue Wed Thu Fri Sat Sun

Signed: _____ Date: _____
DD/MM/YYYY