Membership Application

Entered between:

Constantia Glen Security Village

(Reg. No. 2004/006746/09)

and

_____

Herein after referred to as **"Client"**

Title: Mr / Mrs / Miss / Dr / Prof

Full Names: _____

ID No: _____

Residential:_____ **and / or Complex:** _____

Street Address: _____

Postal Address: _____

Contact Details: Tel (h) _____ **(w)** _____ **(cell)**_____

Email: _____

Spouse/ Partner:
Full Names: _____

Contact Details: Tel (h) _____ **(w)** _____ **(cell)**_____

I hereby give concent that my details are communicated to the CGSV security provider.

……. …….

Signature **Date**

Children / Lessees :
(in case of emergency / staying on the premises / assistance for access to property if needed)

Full Names: _____

Contact Details: Tel (h) _____ **(w)** _____ **(cell)**_____

OFFICE USE ONLY	
REFERRED BY	**ADT -**
ACCOUNT NO	