



**DETAILS OF RELEVANTS [EXCLUDING SPOUSE] / BESONDERHEDE VAN NAASBESTAANDE [UITGESLUIT EGA]**

NAME OF RELEVANT NAAM VAN NAASBESTAANDE					RELATIONSHIP VERWANTSAP				
ADDRESS (WORK) ADRES (WERK)					POSTAL CODE POSKODE				
POSTAL ADDRESS POSADRES					E-MAIL ADDRESS E-POSADRES				
TEL [W] TEL [W]	CODE/ KODE								
E-MAIL ADDRESSES E-POSADRESSE									

**SECTION F TO BE COMPLETED BY OWNER / AGENT / CARETAKER OF LEASED PREMISES**  
**AFDELING F MOET INGEVUL WORD DEUR EIENAAR / AGENT / OPSIGTER VAN VERHUURDE PERSELE**

TITLE TITEL	<input type="checkbox"/>	SURNAME VAN					FIRST NAMES VOORNAME				
I.D. NO I.D. NO						BURGERSKAP, LAND CITIZENSHIP, COUNTRY					
RESIDENTIAL ADDRESS WOONADRES					POSTAL CODE POSKODE						
POSTAL ADDRESS POSADRES					POSTAL CODE POSKODE						
TEL (H)	CODE/ KODE					CELL SEL					
E-MAIL ADDRESSES E-POSADRESSE											

I / WE DECLARE THAT:  
 I/WE TAKE NOTE OF **SECTION G** AND ARE AWARE OF THE FACT THAT IF THE TENANT NEGLECT TO PAY THE FINAL ACCOUNT IN FULL, THAT THE OWNER OF THE PROPERTY COULD BE HELD RESPONSIBLE FOR SUCH ARREARS OR DEFAULT.

EK/ ONS VERKLAAR DAT:  
 EK/ONS KENNIS NEEM VAN **AFDELING G** EN IS BEWUS DAARVAN DAT SOU DIE HUURDER NALAAT OM DIE FINALE REKENING TEN VOLLE TE VEREFFEN, DAT DIE EIENAAR VAN DIE EIENDOM VERANTWOORDELIK GEHOU KAN WORD VIR SODANIGE AGTERSTALLIGE OF WANBETALINGS.

SIGNATURE HANDTEKENING					SPOUSE EGA				
DESIGNATION HOEDANIGHEID	<input type="checkbox"/> OWNER EIENAAR	<input type="checkbox"/> AGENT AGENT	<input type="checkbox"/> CARETAKER OPSIGTER						
				D	D	M	M	Y/J	Y/J

**SECTION G FOR OFFICE USE ONLY**  
**AFDELING G SLEGS VIR KANTOOR GEBRUIK**

**FINAL AMOUNT DUE / FINALE BEDRAG VERSKULDIG**

INCOME DEPARTMENT / INKOMSTE DEPARTEMENT	
A. FINAL ACCOUNT/ FINALE REKENING	AMOUNT/ BEDRAG
ARREARS/ AGTERSTALLIG	R
ASSESSMENT RATES / EIENDOMSBELASTING	R
ELECTRICITY [BASIC] / ELEKTRISITEIT [BASIES]	R
ELECTRICITY [CONSUMPTION] / ELEKTRISITEIT [VERBRUIK]	R
SEWERAGE/ RIOOL	R
WATER [CONSUPTION / VERBRUIK]	R
<b>TOTAL/ TOTAAL R</b>	

SECURITY DEPOSIT/ SEKURITEITSDEPOSITO	R
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AMOUNT PAID BEDRAG BETAAL	R						
		D	D	M	M	Y/J	Y/J
		DATE / DATUM					

RECEIPT NO. KWITANSIENR.						
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DATE ACCOUNT TERMINATED DATUM REKENING GESTAAK	D	D	M	M	Y/J	Y/J
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SIGNATURE: INCOME  
 HANDTEKENING : INCOMSTE

NAME NAAM						
DESIGNATION AMPSBENAMING						

TECHNICAL/ TEGNIES	
B. FINAL READINGS/ FINALE LESINGS	

ELECTRICITY / ELEKTRISITEIT	
METER No	
READINGS/ LESINGS	
WATER	
METER No	
READINGS/ LESINGS	

REMARKS/ OPMERKINGS						
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DATE FINAL READINGS DATUM FINALE LESINGS	D	D	M	M	Y/J	Y/J
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SIGNATURE: TECHNICAL  
 HANDTEKENING : TEGNIES

NAME NAAM						
DESIGNATION AMPSBENAMING						