

## Annexure 6

# RESIDENTIAL UNIT ENROLMENT FORM - EF003<sup>(v1)</sup>

Please complete all blocks individually. Write in black pen. Please submit 15 days prior to construction start.

### Part 1: Sections A and B- to be completed by the Home Builder

#### SECTION A: HOME BUILDER DETAILS

Registration Number

R

Company name

#### SECTION B: PROPERTY DETAILS

(Cluster Development Only)

Unit No.

Stand

Township Name

E x t

Selling Price

Enrolment Fee

Estimated Start Date

d d m m y y y y

Please colour in one item per box below.

Region

- ☐ Eastern cape  
☐ Free State  
☐ Gauteng  
☐ KwaZulu-Natal  
☐ Mpumalanga  
☐ Northern Cape  
☐ Northern Province  
☐ N/West Province  
☐ Western Cape

Enrolment Method

- ☐ Speculative - Cash Payment  
☐ Plot and Plan - PA003  
☐ Cluster Development - Cash Payment  
☐ Cluster Development - PA003

Estimated Completion Date

d d m m y y y y

Estimated Occupation Date

d d m m y y y y

Home Builder Representative  
(Print Name)

Signature

Date

d d m m y y y y

Storeys Type System Subsidy

No storeys:

Type:

System:

Subsidy type:

(how many storeys does the building have)

(what type of building is being erected)

(what type of building method)

(what kind subsidy)

1 - Single; 2 - Double; 2-3 or More

A - Detached; B - Semi-detached; C - Terraced; D - Apartments

Z - Traditional Masonry; Y - Timber Framed; X - Building System; W - Other

S - Capital Housing Subsidy with Mortgage Bond; M - Capital Housing

Subsidy with Microloan; N - No Capital Housing Subsidy

### Part 2: Sections C and D - to be completed by the Competent Person

#### SECTION C: APPENDIX DETAILS

Tick the applicable soil class and/or Dolomite soil class. See reverse of this page for instructions on Dolomite soil classes.

Appendix B3 (Appointment of Competent Person: Soil Classification of Site)

- ☐ C ☐ H ☐ R ☐ S ☐ C1 ☐ C2 ☐ C3 ☐ H1 ☐ H2 ☐ H3 ☐ S1 ☐ S2 ☐ P  
☐ D1 ☐ D2 ☐ D3 ☐ D4

#### SECTION D: COMPETENT PERSON DETAILS

Competent Person Note:

Please read the notes on reverse of this document thoroughly. By appending the bar code label to this document you are accepting all the conditions mentioned.

Bar Code

Competent Person Name  
(Print Name)

Signature

Date Competent Person Signed

d d m m y y y y