

Hermanus Administration P O Box 20 HERMANUS, 7200 Tel: 028 313 8000 Fax: 028 312 1894 E-mail: smaree@overstrand.gov.za/jsolomons@overstrand.gov.za Enquiries: S Maree / J Solomons	Hanklip/Kleinmond Administration P Bag X3 KLEINMOND, 7195 Tel: 028 271 8100 Fax: 028 271 4678 E-mail: cerasmus@overstrand.gov.za Enquiries: C Erasmus	Gansbaai Administration P O Box 26 GANSBAAI, 7220 Tel: 028 384 0111 Fax: 028 384 0241 E-mail: cnel@overstrand.gov.za Enquiries: C Nel	Stanford Administration P O Box 84 STANFORD, 7210 Tel: 028 341 0640 Fax: 028 341 0445 E-mail: mdickson@overstrand.gov.za Enquiries: M Dickson
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APPLICATION FOR CLEARANCE CERTIFICATE

TITLE DEED DESCRIPTION OF PROPERTY:

Administration:	Town:
A. ERF : Erf No.: <input type="text"/> Portion: <input type="text"/>	
B. SECTIONAL SCHEME: SS No.: <input type="text"/> Unit No.: <input type="text"/> SS Name: <input type="text"/>	
C. FARM/SMALL HOLDING (A Clearance Certificate must also be issued by the Overberg District Municipality): Farm No.: <input type="text"/> Portion: <input type="text"/> Farm Name: <input type="text"/>	
DETAIL OF TRANSACTION:	
Registration Division:	<input type="checkbox"/> <i>Caledon</i> <input type="checkbox"/> <i>Bredasdorp</i>
Deeds Transfer No.:	Registration Date:
Extent (Sq m)	Valuation R
Selling Price: R	Date of Sale
Transaction Type:	Private Treaty Description of Other:
Is this a transfer from a government body of a residential property which was financed with funds or loans made available by a government body: <input type="checkbox"/>	
Is this a transfer for the vesting of ownership as a result of a conversion of land tenure rights into ownership in terms of Chapter 1 of the Upgrading of Land Tenure Rights Act, 1991 (Act No. 112 of 1991): <input type="checkbox"/>	

TRANSFEROR (SELLER):

Private Persons: (Mark with X)

1. Full Names:	ID No.:
2. Full Names:	ID No.:
Forwarding Add: (Postal)	Postal Code
Tel /Cell No.:	Municipal Acc No:
Refund Details:	Branch Code
Bank Name	Name of Account Holder
Account No	

Note: If the TRANSFEROR (Seller) is more than two private persons, please attach an additional list with their details.

Legal Entity: (Mark with X)

Registered name:	Vat Reg No:
Registration No.:	Other:
Type Of Entity	
Trading as:	
Postal Address:	Postal Code
Tel No.:	Cell No:
Fax No:	Municipal Acc No:
E-Mail Address:	
Contact Person	

Note: If the TRANSFEROR (Seller) is more than one legal entity, please attach an additional list with their details.

Deceased Estate: (Mark with X)

Executer Name:			
Postal Address:		Postal Code	
Contact Person		e-mail:	
Tel No.:		Fax No.:	

Insolvent Estate: (Mark with X)

Trustee Name:			
Postal Address:		Postal Code	
Contact Person		e-mail:	
Tel No.:		Fax No.:	

Note: The provisions of Section 118 of the Local Government Municipal Systems Act, 32 of 2000, are subject to section 89 of the Insolvency Act, 1936 (Act No. 24 of 1936).

TRANSFEEE (Purchaser):

Private Persons: (Mark with X)

1. Full Names:		ID No.:	
2. Full Names:		ID No.:	
Marital Status:	Married <input type="checkbox"/> Single <input type="checkbox"/> Other: <input type="checkbox"/>		
Marriage Status:	Ante-Nuptial Contact <input type="checkbox"/> Community of Property <input type="checkbox"/> Other: <input type="checkbox"/>		
IF DECEASED ESTATE. PLEASE SUPPLY RELATIONSHIP TO DECEASED			
Wife, Husband, Son, Daughter, None, etc			
Postal Address:		Postal Code	
e-mail:			
Tel /Cell No.:		Employer:	

Note: If the TRANSFEEE (purchaser) is more than two private persons, please attach an additional list with their details.

Legal Entity: (Mark with X)

Registered name:			
Registration No.:		Vat Reg No:	
Type Of Entity		Other:	
Trading as:			
Postal Address:		Postal Code	
Tel No.:		Fax No:	Cell No:
E-Mail Address:			
Contact Person			

Note: If the TRANSFEEE (purchaser) is more than one legal entity, please attach an additional list with their details.

CONVEYANCER:

Registration No.:		Name:	
Postal Address:		Postal Code	
Contact Person:		e-mail:	
Tel No.:		Fax No.:	

A certificate for the above-mentioned immovable property in terms of Section 118 of the Local Government Municipal Systems Act, 32 of 2000 is hereby requested.

I the undersigned hereby declare that I am authorised to sign this application on behalf of the Conveyancer who is appointed to administer the transfer of the property described in this application.

SIGNATURE OF APPLICANT

DATE

PLEASE NOTE THAT APPLICATIONS FOR SUBDIVISIONS / CONSOLIDATIONS MUST BE ACCOMPANIED BY THE FOLLOWING INFORMATION:

1. TP NR
2. DIAGRAMS
3. ORIGINAL ERF NR
4. LETTER OF APPROVAL
5. PROOF OF COMPLIANCE