



CLEARWATERS COVE

CLEARWATERS COVE HOME OWNERS ASSOCIATION

(Registration number: 1999/025849/08)

P O Box 210
LADANNA
0704

Tel: 083 630 9600

APPLICATION FOR THE REGISTRATION AS A PROSPECTIVE CONTRACTOR AT CLEARWATERS COVE.

Company Name	
Contact Person	
Tel	
Fax	
Cell	
Email	
Postal Address	
Physical Address	

REGISTRATION INFORMATION

Registered Company Name	
Company Reg:	
VAT Reg:	
NHBRC Reg:	
No. of years in business	
Location of business (Town & Province)	

LIST OF SHAREHOLDERS/DIRECTORS/MEMBERS *(if more than four, please add addendum)*

Full Name	ID Number	Position in Company

REFERENCES *(provide at least three)*

Name	
Contact Number	
Project Description	
Completion Date	
Value	

Name	
Contact Number	
Project Description	
Completion Date	
Value	

Name	
Contact Number	
Project Description	
Completion Date	
Value	

I,.....in my capacity as..... declare that I have read and am aware of the terms, rules and conditions as set out in the Clearwaters Cove Home Owners Association's Building Contractor's Code of Conduct and Co-operation Agreement. I further declare the above information is correct and just.

Signature:

Date: