

1. CONTRACTORS,	SG NUMBER				
This form will only be accepted if all fields are completed, applicant has signed his/her form and if the ID Document and confirmation letter from contractor accompanies this form.					
BUILDING, SUB- & CIVIL CONTRACTORS	EMERGENCY CONTRACTORS	SERVICES SUPPLIERS	PROFESSIONAL	S	
MAIN CONTRACTOR COMPANY NAME		COMPANY CONTACT NUMBER			
MAIN CONTRACTOR REPRESENTATIVE NAME & SURNAME		SIGNATURE			
EMAIL ADDRESS OF MAIN CONTRACTOR		CONTACT NUMBER OF CONTACT PERSON ON SITE			
SUB-CONTRACTOR COMPANY NAME		COMPANY CONTACT NUMBER			
SUB CONTRACTOR REPRESENTATIVE NAME & SURNAME		SIGNATURE			
EMAIL ADDRESS OF SUB CONTRACTOR		CONTACT NUMBER OF CONTACT PERSON ON SITE			

2. DETAILS OF APPLICANT

NAME & SURNAME		ID NUMBER Must be 18 years or older	
GENDER M/F		EMAIL	
POSITION HELD/ OCCUPATION OF APPLICANT		VEHICLE MAKE AND MODEL	
		VEHICLE COLOUR AND REGISTRATION NUMBER	
EMERGENCY CONTACT NAME		EMERGENCY CONTACT NUMBER	



3. ACCESS PERIOD - START & EXPIRY DATE

ACCESS START DATE		ACCESS EXPIRY DATE				
As a condition to being granted access to the Val de Vie Winelands Lifestyle Estate, Val de Vie II Estate and Pearl Valley Golf and Country Estate ("the Estate"), I agree on my own behalf, on behalf of all my guests and on behalf of all children under my control that:						
Dangerous activities occur, and dangerous areas are present on the Estates. These include but are not limited to activities and equipment associated with Golfing, horses, construction, security, dams and waterways, playgrounds, swimming pools, gyms, restaurants, roads, landscaping, chemicals and any other activity associated with residential security estates and their advertised activities (" the Activities "). I am fully aware of the inherent risks associated with my/our participation in any of the Activities.						
I/We enter the premises/land owned or controlled by the Val de Vie Winelands Lifestyle Estate Home Owners' Association, the Val de Vie II Home Owners' Association and the Pearl Valley Golf and Country Estate Home Owner's Association, all their members and employees and all associated persons and entities ("the HOAs") at my/our own risk.						
I/We accept that I a	I/We accept that I am/we are solely responsible for supervision and care of all children under my/our control.					
I/We indemnify each of the HOAs' against any damages, which may occur due to injury to person, or loss or damage to property, while we are on or around the Estate, however or by whomever it may occur. I undertake not to institute any claim against any of the HOAs' for any such damages. I/we similarly indemnify each of the HOAs' against all such damage caused by me/us to others. I/We hereby record that I/we bind my/our dependents, heirs, executors, administrators and assigns to the terms and conditions of this indemnity. This release shall be binding to the fullest extent permitted by law. If any provision of this indemnity is found to be unenforceable, the remaining terms shall be enforceable.						
I agree to submit myself to undergo a Polygraph Test, Clearance-, Background- and any other related tests required for purposes of ensuring security on the Estate only, on request by the HOAs'. I/We agree that my/our personal information as defined in the Protection of Personal Information Act, No 4 of 2013, as amended, may be used, collected and retained for purposes of enabling the HOA's to enforce the Estate Rules and Constitutions, to retain a record of my movements on the Estate, for maintaining security, to carry out its business, and for purposes of conducting security clearance and background checks. I authorize the HOAs' to disclose such information to third parties for such purposes. Although the HOAs' will use their best endeavours to safeguard information against any loss, damage, unauthorised destruction and unlawful access thereto, I/we unconditionally indemnify each of the HOAs' against any liability, which may result due to such use. My/Our information may be retained for as long as necessary to fulfil the purposes for which it was collected. Should I/we choose not to avail ourselves of the Rules, I/we accept all risks associated with such choice.						
I/We have read and understood the Estate Rules and HOA Constitutions, which are available on request and on the website at www.valdevie.co.za and www.pearlvalley.co.za .						
Signed at _	on this	sday Of	20			
Signature of a	f Applicant Co Signature if required					
NAME OF ESTATE REPRESENTATIVE / HOME OWNER		SIGNATURE				
SECURITY USE - ENROLMENT / FINGER & PHOTO CAPTURED BY						

NAME & SURNAME	DATE		SIGNATURE
CRIM CHECK RESULTS RECIEVED	COPY OF ID/DRIVERS LISENCE MADE		DATE ACTIVATED ON IMPRO ACCESS SYSTEM
	YES	NO	
DATE SENT TO MAINTENANCE DEPARTMENT FOR FILING			