

Term extension of the Muizenberg Improvement District in accordance with the City of Cape Town: City Improvement District By-law, 2023 (the “By-law”)

OBJECTION FORM

Details of Property

Erf No.	Physical Address

The main objectives of the term extension of the Muizenberg Improvement District (MID) is to continue to improve and upgrade the area in the manner envisaged in the new Business Plan as approved by the members at the Annual General Meeting.

COMPLETION OF OBJECTION FORM

- Registered property owners who are natural persons: complete PART A(i) and PART C. *(If the signatory is not the owner of the property and signs this form on behalf of such a registered property owner, the signatory must also complete the warranty under PART B and attach proof of authorisation to this form).*
- Registered property owners who are juristic persons or other bodies: complete PART A(ii); PART B and PART C.
- Owners of Sectional Title Units or multiple properties may request a schedule, listing all units and/or properties falling within the boundaries of the MID. If you elect to make use of this schedule to identify your properties, please initial every page of the Schedule upon which your properties appear and submit the schedule together with this form.
- In the case of a juristic person or other body the following **must be attached to the application**:
 - a resolution giving authority (on a company letterhead) stating the resolution number and representatives details as per Part B; or
 - a letter giving authority stating the details as per Part A(ii) and Part B and must be signed by all Directors and include a copy of the CK2 document indicating current Directorship.

Please note: *The Management Company will keep your personal information confidential. Without written consent, disclosure to third parties will be limited to the CID term extension procedures prescribed by the City of Cape Town.*

PART A: DETAILS OF REGISTERED PROPERTY OWNER(S)

(i) Natural Person(s)

Owner 1 – Name(s): _____ Surname: _____

ID number: _____ Work tel. _____

Home tel.: _____ Email address: _____

Cell. No.: _____

Owner 2 – Name(s): _____ Surname: _____

ID number: _____ Work tel.: _____

Home tel.: _____ Email address: _____

Cell. No.: _____

Owner 1 – Name(s): _____ Surname: _____

Signature: _____ Date: _____

Owner 2 – Name(s): _____ Surname: _____

Signature: _____ Date: _____

SUBMISSION OF OBJECTION FORM

Please return the completed form to Michael Lategan

Physical Address: 2 Atlantic Road, Muizenberg Clinic Building

OR

Email to: admin@mid.org.za or contact us at 060 857 2026 to arrange a collection.

NOTE: This form should be submitted on or before 24 February 2025