



REGULAR VISITORS: INFORMATION FORM:

PLEASE COMPLETE AND SUBMIT TO THE OFFICE

Office Use

Date _____

Web _____ S/S _____

Click On _____ QT _____

I _____

Resident of Stand no: _____

request the re-registration of the following persons with the Irene Farm Villages Estate

Other (Family members with finger access)

Title:

--	--	--	--	--	--	--	--

Dr Prof Mr Mrs Ms Sir Me

Name & Surname: _____

ID No: _____

Fingerprint Access

Y		N	
---	--	---	--

Relationship eg. Child/Parent _____

Vehicle Make & Model: _____

Reg No: _____

Colour: _____

Title:

--	--	--	--	--	--	--	--

Name & Surname: _____

ID No: _____

Fingerprint Access

Y		N	
---	--	---	--

Relationship eg. Child/Parent _____

Vehicle Make & Model: _____

Reg No: _____

Colour: _____

Title:

--	--	--	--	--	--	--	--

Dr Prof Mr Mrs Ms Sir Me

Name & Surname: _____

ID No: _____

Fingerprint Access

Y		N	
---	--	---	--

Relationship eg. Child/Parent _____

Vehicle Make & Model: _____

Reg No: _____

Colour: _____

Title:

--	--	--	--	--	--	--	--

Name & Surname: _____

ID No: _____

Fingerprint Access

Y		N	
---	--	---	--

Relationship eg. Child/Parent _____

Vehicle Make & Model: _____

Reg No: _____

Colour: _____

_____ DATED

_____ Signature of Primary resident

PLEASE COMPLETE ON LINE AND FORWARD TO admin@irenefarmvillages.co.za (Attention for Madeleine)

Registration will take place for only the people identified on this form