

**CLICKON  
REGISTRATION  
FORM**



Stand No   
Street No

*Please select between the following application types and complete the Sections below:*

New Resident:       Additional Nr:       Replacement Nr:

If other please Specify: \_\_\_\_\_

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**ClickOn Nr 1**

Owner Residing inside the Estate:       Owner Residing outside the Estate:

Tenant:

Name & Surname:

Contact Number:       Replace old No:

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**ClickOn Nr 2**

Owner Residing inside the Estate:       Owner Residing outside the Estate:

Tenant:

Name & Surname:

Contact Number:       Replace old No:

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**ClickOn Nr 3**

Owner Residing inside the Estate:       Owner Residing outside the Estate:

Tenant:

Name & Surname:

Contact Number:       Replace old No:

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*I hereby accept the terms and conditions governing the Access System and Procedures at Mooikloof Glen Estate. I accept that the access tag/remote control issued to me is not transferable and use of the tag/remote control by any other party is strictly prohibited.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ (DD/MM/YYYY)

**Office Use:**  
Copy of ID & Drivers Received:  Approved by Security Director: \_\_\_\_\_ Date: \_\_\_\_\_