

**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: _____

ClickOn Nr 1

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

Tenant:

Name & Surname:

Contact Number: Replace old No:

ClickOn Nr 2

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

Tenant:

Name & Surname:

Contact Number: Replace old No:

ClickOn Nr 3

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

Tenant:

Name & Surname:

Contact Number: Replace old No:

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: _____