

**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 and Surname

Contact Number  Replace old No:

**ClickOn Nr 2:**

Owner Residing inside the Estate  Owner Residing outside the Estate

Tenant

Name and Surname

Contact Number  Replace old No:

**ClickOn Nr 3:**

Owner Residing inside the Estate  Owner Residing outside the Estate

Tenant

Name and 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: \_\_\_\_\_