



**CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD**

Application for Authority for The Registration of Transfer of Immovable Property in terms of Section 118, Chapter 11 of the Local Government Municipal Systems Act, 32 of 2000.

Application: New Correction Extension Case Number

***Note: Incomplete applications will be returned. This document must be attached to the transfer documents.**

Type of Application: Freehold LC Housing 118 (4) Bulk Low-cost Housing
Subdivision Unregistered State Land

Developments: Freehold (Section 137 Certificate) Sectional Title

Registered Rights: Freehold Sectional Title Right to Extend

Sectional Title: Unit LC Housing 118 (4) Exclusive Use Area
Opening of a Scheme

Property	
Remainder:	Portion:
Erf/Farm:	Allotment/Suburb:
Title Deed No:	Extent:
Situation Address of Property:	

Sectional Title	
Scheme Name:	Scheme Registration No:
Unit No:	
Type of Right:	
Exclusive Use Area(s):	

Sale Details	
Date of Sale:	
Selling Price:	

Transaction Type: Private Treaty Public Auction Estate
 Endorsement (Specify)

Simultaneous Sale: Yes No

Property Municipal Account Number(s):	
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Conveyancer

Conveyancer Reference No:	Attorney Kref/LAN No:
Conveyancer BP:	Conveyancer Contract Account:
Firm Name:	Branch:
Registration No:	File Reference:

Contact Person

Contact Person Name:	Email Address:
Telephone No:	Address:
Delivery Mode:	Fax No:

Runners Information

Name:	Telephone No:
BP No:	

Correspondent in Cape Town

Correspondent Name:	Correspondent Telephone No:
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Refund Information

Please note that all Refunds will only be paid to the Conveyancer

Account Holder:	
Name of Bank:	Branch Code:
Account No:	

Account Type: Cheque/Current Savings

Transferor (Seller): Attach a detailed list if necessary

Full Name(s) (Co/Trust/CC/etc):

ID/Reg No:

Initials:

Title:

Full Name(s)/Partner:

ID/Reg No:

Language: English Afrikaans Xhosa

Marital Status: Married in Community Out of Community Single
 Married According To Other (Specify):

Current Address:
(indicate if PO Box)

Forwarding Address:
(indicate if PO Box)

Telephone No:

Cell phone No:

Fax/Email:

Transferee (Buyer): Attach a detailed list if necessary

Full Name(s) (Co/Trust/CC/etc):

ID/Reg No:

Initials:

Title:

Full Name(s)/Partner:

ID/Reg No:

Language: English Afrikaans Xhosa**Marital Status:** Married in Community Out of Community Single Married According To Other (Specify):Current Address:
(indicate if PO Box)Invoice Name:
(new municipal
account)Future Address:
(indicate if PO Box)

Telephone No:

Cell phone No:

Fax/Email:

APPLICANT

DATE

SIGNATURE

ATTORNEY

I, _____ HEREBY DECLARE THAT THE ABOVE INFORMATION IS CORRECT.
(PRINT NAME PLEASE)

(SIGNATURE)