



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):

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)