

The Reeds at Balgowan™:

Schedule 1: INFORMATION



A. DETAILS OF PURCHASER(S)

1. Surname / name: _____		
2. Full name(s): _____		
3. Identity number / reg nr: _____		
4. Home tel number: _____	5. Work tel number: _____	6. Fax number: _____
7. Cell number: _____	8. E-mail address: _____	9. Preferred contact number: _____
10. Auditor name _____		11. Auditor's tel number: _____
12. Spouse (if applicable) full names: _____		
13. Spouse cell number: _____		14. Marital status: _____
15. Spouse (if applicable) full names: _____		16. Spouse cell number: _____
17. Physical address: _____		
18. Postal address: _____		
19. SA resident / non-resident: _____		20. Income tax number (if available): _____

B. PURCHASE PRICE

1. Deposit (10%) _____
2. Balance purchase price _____
3. VAT (14%) _____
4. Total purchase price _____
5. Guarantee required _____



C. ERF NUMBER

ERF

Extent

D. APPROXIMATE DATE OF TRANSFER

E. OPERATING COSTS / LEVY

Clause 9	R1 400,00 per month
_____	_____

F. MORTGAGE BOND

Amount of bond required
R _____

Date of approval (clause 12)