

**Establishment of the LOWER KENILWORTH IMPROVEMENT DISTRICT (LKID)
also called a City Improvement District (CID) or Special Rating Area (SRA)**

in accordance with the City of Cape Town: Special Rating Area By-law, 2012 (as amended) (the "By-law")

CONSENT / OBJECTION FORM

Details of Property	
Erf No.	Physical Address

The main objectives of the LKID are to improve and upgrade the area in the manner envisaged in the LKID Business Plan dated 27 July 2019 which can be accessed here: <https://lowerkenilworthimprovementdistrict.yolasite.com/> .

COMPLETION OF CONSENT FORM

- Registered property owners who are natural persons: complete PART A(i) and PART C. *(If the signatory is not the owner of the property and signs this form on behalf of such a registered property owner, the signatory must also complete the warranty under PART B).*
- Registered property owners who are juristic persons or other bodies: complete PART A(ii); PART B and PART C.
- Owners of Sectional Title Units or multiple properties may request a schedule, listing all units and/or properties falling within the boundaries of the proposed LKID. If you elect to make use of this schedule to identify your properties, please initial every page of the Schedule upon which your properties appear and submit the schedule together with this form.
- In the case of a juristic person or other body the following **must be attached to the application**:
 - o a resolution giving authority (on a company letterhead) stating the resolution number and representatives details as per Part B; or
 - o a letter giving authority stating the details as per Part A(ii) and Part B and must be signed by all Directors and include a copy of the CK2 document indicating current Directorship.

Please note: The Applicant and the steering committee will keep your personal information confidential. Without written consent, disclosure to third parties will be limited to LKID application procedures prescribed by the City of Cape Town.

PART A: DETAILS OF REGISTERED PROPERTY OWNER(S)

(i) Natural Person(s)

Owner 1 – Name(s): _____	Surname: _____
ID number: _____	Work tel. _____
Home tel.: _____	Email address: _____
Cell. No.: _____	_____
Owner 2 – Name(s): _____	Surname: _____
ID number: _____	Work tel.: _____
Home tel.: _____	Email address: _____
Cell. No.: _____	_____

(ii) Juristic Person / Other Body

Name of Company/ Trust/ Sectional Title Body Corporate/ Other Body as it appears on Title Deed (underline whichever is applicable): _____

Registration no.: _____

Physical Address:

Postal Address:

Website address (if any): _____

Contact Person: _____

Designation: _____

Business tel.: _____

Cell. No.: _____

Email address: _____

PART B: WARRANTY BY REPRESENTATIVE

I hereby declare that I have been duly authorised by the aforesaid registered property owner to vote on their behalf in respect of the establishment of the proposed LKID and to complete any necessary documentation in this regard.

Name(s): _____ Surname: _____

ID number: _____

Representative Capacity (if applicable): _____

Home tel.: _____

Work tel.: _____

Cell. No.: _____

Email address: _____

PART C: CONSENT / OBJECTION

- ☐ I consent to the establishing of a LKID as per the Business Plan.
- ☐ I do not consent to the establishing of a LKID as per the Business Plan, for the reasons stated below or as per the attached letter dated _____:

Owner 1 – Name(s): _____ Surname: _____

Signature: _____ Date: _____

Owner 2 – Name(s): _____ Surname: _____

Signature: _____ Date: _____

SUBMISSION OF CONSENT FORM

Please return the completed form to : Charles Abbott

Physical Address:

22 WARGRAVE ROAD KENILWORTH

Postal Address:

22 WARGRAVE ROAD KENILWORTH

Signed forms can be emailed to charles@theatticpress.co.za . If any queries contact Pete Linnegar at 083 440 2000.

NOTE: This form should be submitted on or before 31 August 2019 .