

UMZUMBE CHALETS
Share Block Ltd

APPROVED	
DECLINED *	

PERSONAL PROFILE: NEW SHAREHOLDER

CHALET: _____ WEEK: _____ SHARE BLOCK: _____

NEW SHAREHOLDER DETAILS:

TITLE:		SURNAME:	
FULL CHRISTIAN NAMES:			
IDENTITY NUMBER: <small>A COPY OF YOUR IDENTITY DOCUMENT TO ACCOMPANY THIS FORM</small>			
HOME LANGUAGE:		E-MAIL:	
HOME ADDRESS:			
POSTAL ADDRESS:			
POSTAL CODE:			
TEL NO. (HOME) :			
TEL NO. (WORK) :			
FAX TO E-MAIL OR FAX NO.			
MOBILE PHONE:			
OCCUPATION: <small>(PLEASE NOTE: IF YOU ARE A PENSIONER COMPLETE YOUR MOST RECENT EMPLOYMENT DETAILS – FOR STATISTICAL PURPOSES ONLY)</small>			
PHYSICAL ADDRESS OF EMPLOYER:			
EMPLOYMENT SECTOR:			
POSITION HELD AT COMPANY:			

SPOUSE'S DETAILS:





TITLE:		SURNAME:	
FULL CHRISTIAN NAMES:			
IDENTITY NUMBER: <small>A COPY OF YOUR IDENTITY DOCUMENT TO ACCOMPANY THIS FORM</small>			
HOME LANGUAGE:		E-MAIL:	
TEL NO. (WORK) :			
FAX TO E-MAIL OR FAX NO.			
MOBILE PHONE:			
OCCUPATION: <small>(PLEASE NOTE: IF YOU ARE A PENSIONER COMPLETE YOUR MOST RECENT EMPLOYMENT DETAILS – FOR STATISTICAL PURPOSES ONLY)</small>			
PHYSICAL ADDRESS OF EMPLOYER:			
EMPLOYMENT SECTOR:			
POSITION HELD AT COMPANY:			

APPOINTED BENEFICIARY: TRANSFER OF OWNERSHIP FOR ESTATE PURPOSES

TITLE:		SURNAME:	
FULL CHRISTIAN NAMES:			
IDENTITY NUMBER: <small>A COPY OF YOUR IDENTITY DOCUMENT TO ACCOMPANY THIS FORM</small>			
HOME LANGUAGE:		E-MAIL:	
HOME ADDRESS:			
POSTAL CODE:			
POSTAL ADDRESS:			
POSTAL CODE:			
TEL NO. (HOME) :			
TEL NO. (WORK) :			
FAX TO E-MAIL OR FAX NO.			
MOBILE PHONE:			
OCCUPATION: <small>(PLEASE NOTE: IF YOU ARE A PENSIONER COMPLETE YOUR MOST RECENT EMPLOYMENT DETAILS – FOR STATISTICAL PURPOSES ONLY)</small>			
PHYSICAL ADDRESS OF EMPLOYER:			
EMPLOYMENT SECTOR:			
POSITION HELD AT COMPANY:			

IN CASE OF EMERGENCY WHILE RESIDING AT OUR RESORT:

NAME, ADDRESS, CONTACT NUMBERS OF TWO FRIENDS/RELATIVES NOT RESIDING WITH YOU IN THE SAME HOUSE:

1.	2.
TITLE :	TITLE :
NAME:	NAME:
SURNAME:	SURNAME:
RELATION:	RELATION:
HOME ADDRESS:	HOME ADDRESS:
POSTAL ADDRESS:	POSTAL ADDRESS:
	
	

SHAREHOLDER

SPOUSE

DATE

It is an express condition of your occupation of any room or other area of these premises or to your visit thereto that the proprietor will not be held responsible for loss of or damage to property of any visitor brought upon the premises whether or not caused by the negligence of the proprietor or any person in his employ or by any act or omission of any nature whatsoever of any person. My signature on this page confirms my agreement with these terms. By signing this agreement you confirm that you have read and understood any/all terms and conditions and that you agree that should the need arise the Company can obtain your information from the credit bureau. *Please tick this box if you wish NOT to receive Newsletters or periodic informational e-mails*