



The Wilds Home Owners Association

Reg No: 2003/008761/08

APPLICATION - TO OPERATE A BUSINESS FROM WITHIN THE WILDS ESTATE.

Operating and or conducting a business from and in the estate is subject to approval by the HOA.

Businesses must comply with all requirements as contained in the rules and the MOI of the estate and where applicable will be subject to the same requirements as set out in any municipal or other bylaws.

Businesses may not exceed 60sqm of the constructed area and may not be operated from a garage, Wendy's, or other.

Approved applications are valid for 2 years and must be renewed and re-applied for at the conclusion of this period.

The applicant must submit the following documents with the completed application:

- a) Copy of a valid ID
- b) A business plan or profile

Applicant Details

1. NAME & SURNAME:
2. OWNER OR TENANT:
3. STAND NUMBER:
4. AREA IN THE WILDS:
5. FULL TITLE OR SECTIONAL TITLE:
6. MOBILE NUMBER:
7. E-MAIL ADDRESS:
8. SIGNATURE:
9. DATE:

Information required by HOA to assess application:

1. NAME OF BUSINESS:
2. NATURE / DESCRIPTION OF BUSINESS:

3. OWNER / DIRECTOR OF BUSINESS:
4. BUSINESS E-MAIL ADDRESS:
5. BUSINESS TELEPHONE NO:
6. DATE TO START WITH BUSINESS ACTIVITIES:
7. BUSINESS OFFICE HOURS:
8. NUMBER OF EMPLOYEES AT PREMISES: OFFICE HOURS AD HOC
9. NUMBER OF VISITORS / CLIENTS / CUSTOMERS PER DAY:
10. PARKING FOR EMPLOYEES: DESCRIBE + SKETCH
11. PARKING FOR VISITORS / CLIENTS / CUSTOMERS: DESCRIBE
12. STORAGE OF ANY PRODUCT / MATERIALS ON PREMISES: YES / NO IF YES, DESCRIPTION OF PRODUCTS: WHERE IS PRODUCT STORED:
13. IF YOU ARE A TENANT APPLYING TO OPERATE A BUSINESS WITHIN THE ESTATE. YOU WOULD NEED THE OWNER'S APPROVAL: OWNERS NAME & SURNAME: _____ HEREBY I THE OWNER AGREE TO MY TENANT APPLYING TO OPERATE A BUSINESS FROM STAND: _____. I AM AWARE THAT MY TENANT IS MY RESPONSIBILITY ACCORDING TO THE RULES OF THE ESTATE. SIGNED: _____ DATE: _____

Body Corporate approval: (applicable to sectional – title units)

TOWNHOUSE COMPLEX NAME:			
NAME & SURNAME OF:		SIGNATURE	DATE
CHAIRMAN:			
VICE-CHAIRMAN:			
SECRETARY:			
COMMENTS FROM BODY CORPORATE:			

Immediate neighbor's approvals:

Name & Surname	Stand Number	Signature	Date	Comments

SECURITY COMMITTEE ASSESSMENT:

1. IMPACT ON COSTS TO THE ESTATE:

2. IMPACT ON THE SECURITY OF THE ESTATE:

3. IMPACT ON NEIGHBOURS:

4. RECOMMENDATION:

SECURITY COMMITTEE RECOMMENDATION:

ESTATE MANAGER:	APPROVED	REJECTED	DATE	SIGNATURE
SECURITY	APPROVED	REJECTED	DATE	SIGNATURE
AESTHETICS	APPROVED	REJECTED	DATE	SIGNATURE

BOARD OF DIRECTORS APPROVAL:

CHAIRMAN:	APPROVED	REJECTED	DATE	SIGNATURE
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