

CONSENT AND POWER OF ATTORNEY

To join as a contributor of the Wingate Park Security Village, kindly fill in this form and send to wipra@hkadmin.co.za

I _____ with ID number _____
and _____ with ID number _____
the undersigned and the registered owner(s) of (or dually authorized representative) of the property at
residential address _____
and postal address _____
hereby:

1. Consent to the closure of the agreed portion of Wingate Park by means of access control measures permitted in terms of the Rationalization of Local Government Affairs Act of 1998 or any other relevant legislation, where necessary.
2. Consent that I undertake to participate in the Security Village Scheme as proposed during a public meeting of the Wingate Park Residents Association NPC.
3. Consent that when I sell my property, I undertake to provide all necessary information to the successors in title of my/our property to enable him/her to, without prejudice to their rights, participate as a member of the WIPRA NPC (Residents' Association) and so contribute towards the monthly maintenance fee applicable.
4. Monthly subscription of R400.00 (per house) or R 200.00 (per duet) or R100.00 (complex unit) will be payable by debit order.
5. Please indicate which is applicable:
☐ House
☐ Duet
☐ Complex

I/We hereby nominate, constitute, and appoint and give Power of Attorney to Streetsafe 4U (Pty) Ltd (Regt No 2022/393832/07), and the Wingate Park Residents Association Board of Directors with power of substitution and delegation, to be my/our lawful agent, act on my/our behalf and to make application to such authorities as may be necessary to apply for the restriction of access to Wingate Park and implement the approval for road closure as received by the Local Municipality in and generally for effecting the purposes aforesaid, to do and to cause to be done whatsoever shall be required, as fully and effectually, for all intents and purposes as I might or could do if personally present and acting herein, hereby ratifying, allowing and confirming and promising and agreeing to ratify, allow and confirm all and whatsoever Streetsafe 4U (Pty) Ltd shall lawfully do, or cause to be done by virtue of these presents.

Signed at _____ on this _____ day of _____ year _____

OWNER

OWNER

Phone no: _____ **E mail address:** _____

DEBIT ORDER INSTRUCTION FORM

SCHEME / BUILDING NAME		WINGATE PARK RESIDENTS ASSOCIATION NPC																			
UNIQUE REFERENCE NUMBER / STREET ADDRESS/COMPLEX NAME UNIT NR																					
NAME OF ACCOUNT HOLDER																					
ID NUMBER																					
BANK NAME																					
BANK BRANCH NAME																					
BANK ACCOUNT NUMBER																					
BANK BRANCH CODE																					
TYPE OF ACCOUNT												<input type="checkbox"/> CHEQUE <input type="checkbox"/> SAVINGS <input type="checkbox"/> TRANSMISSION									
DEBIT ORDER DATE												<input type="checkbox"/> 1 st <input type="checkbox"/> 15 th of each month									

I/We, the undersigned, certify that the above banking details are correct, and I/we authorise HuurkorAdmin (Pty) Ltd to issue and deliver payment instructions to Huurkor Admin's (pty) Ltd banker for collection against my / our abovementioned account at my / our abovementioned bank for the total due as reflected on my/our monthly account statement for my unit or unique reference number as indicated above for Wingate Park Residents Association NPC including a R15.00 Debit order fee.

If these banking details have not been provided accurately, or if the details change at any time in the future and I/we fail to notify HuurkorAdmin (Pty) Ltd of such changes, or if payments are not made in accordance with the Debit Order Instruction, the responsibility of payment will rest with me/us.

I/we agree that interest will be charged on overdue accounts, and I/we agree to pay any bank charges and related costs to HuurkorAdmin (Pty) Ltd if the debit order is dishonoured for any reason. The payment instruction shall take place on the date chosen by me/us above (1st or 15th) and regularly thereafter on the chosen date of each month. Should the chosen date fall on a weekend / public holiday, I/we agree that the payment instruction may be debited against my/our account on the following business day.

All such debits against my/our bank account by HuurkorAdmin (Pty) Ltd shall be treated as though they had been issued by me/us personally. This authority may only be cancelled by me/us giving on 30 days' notice in writing, but I/we shall not be entitled to any refunds of amounts which have been withdrawn while this authority was in force, if such amounts were legally owing to the Community Scheme / Huurkor Admin (Pty) Ltd. I/we acknowledge that the cancellation of the debit order will not cancel my agreement with the Community Scheme / Huurkor Admin (Pty) Ltd.

SIGNED AT _____ **ON THE** _____ **DAY OF** _____ **20** _____

NAME IN PRINT

CAPACITY AND DULY AUTHORIZED

SIGNATURE AS USED FOR OPERATING ON THE ACCOUNT