

ZIMBALI ESTATE MANAGEMENT ASSOCIATION

APPLICATION FOR THE IMPLEMENTATION OF A FRACTIONAL OWNERSHIP SCHEME

The undersigned applicant (the "applicant") hereby applies to the ZIMBALI ESTATE MANAGEMENT ASSOCIATION ("ZEMA") for consent to implement a fractional ownership scheme on the property (described in Part 2 of the application form hereunder). The applicant :

1. warrants that all information contained in this application and the supporting documents submitted herewith is true and correct;
2. undertakes to notify ZEMA in writing immediately of any change in any of such information;
3. binds itself to the standard conditions attached hereto, which terms will govern the implementation and running of the proposed fractional ownership scheme and shall constitute a binding undertaking by the applicant in favour of ZEMA;
4. understands and acknowledges that compliance with the requirements set out in this application form and the attached standard terms does not entitle the applicant to the consent of ZEMA to the implementation of a fractional ownership scheme on the property.

If this application is signed on behalf of the applicant, the signatory, in his personal capacity, warrants his authority to represent the applicant herein. If this application is made by a trustee or agent for a company, close corporation or other body (whether or not still to be formed) such trustee or agent will be personally liable for any liability incurred by or on behalf of the applicant until such company, close corporation or other body is duly constituted and adopts and ratifies all the agreements entered into with ZEMA by such trustee or agent.

SIGNED AT (Place) ON
..... (date) by or on behalf of the Applicant.

(Capacity)

PART 1

1 GENERAL INFORMATION IN REGARD TO THE APPLICANT

1.1 INDICATE WHETHER THE APPLICANT IS:
(TICK APPROPRIATE BOX)

SOLE PROPRIETOR PARTNERSHIP CLOSE CORPORATION COMPANY

1.2 FULL NAME(S) OF APPLICANT

.....

IF A COMPANY OR CLOSE CORPORATION, FURNISH REGISTRATION NUMBER

.....

1.3 VAT NUMBER

1.4 TELEPHONE NUMBER FAX NUMBER

1.5 FURNISH THE FOLLOWING PARTICULARS IN RESPECT OF THE OWNER/ PARTNER/ MEMBERS/ SHAREHOLDERS/ DIRECTORS OF THE APPLICANT.

RESIDENTIAL TELEPHONE NUMBER	FULL NAMES AND RESIDENTIAL ADDRESSES OF EACH PERSON WHO IS OR WHO WILL BE: OWNER/ PARTNER/ MEMBER/ DIRECTOR/ SHAREHOLDER (DELETE INAPPLICABLE)	% SHARE HOLDING	I.D. NUMBER

1.6 HAVE ANY OF THE PERSONS MENTIONED IN 1.5 BEEN SEQUESTERED? YES NO
IF YES, FULL DETAILS SHOULD ACCOMPANY THIS APPLICATION.

1.7 IF THE APPLICANT IS THE SOLE PROPRIETOR, CERTIFIED COPIES OF HIS/HER ID DOCUMENT, MARRIAGE CERTIFICATE AND ANTENUPTIAL CONTRACT (IF APPLICABLE) ARE TO BE ATTACHED.

1.8 IF APPLICANT IS A PARTNERSHIP, A COPY OF THE PARTNERSHIP AGREEMENT IS TO BE ATTACHED.

1.9 IF APPLICANT IS A CLOSE CORPORATION, CERTIFIED COPIES OF THE FOUNDING STATEMENT (FORM CK 1) AND ANY AMENDED FOUNDING STATEMENT(S) (FORM CK 2) ARE TO BE ATTACHED.

1.10 IF APPLICANT IS A COMPANY, COPIES OF THE CERTIFICATE OF INCORPORATION, CURRENT MEMORANDUM AND ARTICLES OF ASSOCIATION AND ANY CHANGE OF NAME CERTIFICATE(S) ARE TO BE ATTACHED;

1.11 APPLICANT'S PHYSICAL ADDRESS

1.112 APPLICANT'S POSTAL ADDRESS

1.13 NAME AND ADDRESS OF THE APPLICANT'S AUDITOR/ACCOUNTANT:

1.13 NAME AND ADDRESS OF THE APPLICANT'S ATTORNEYS:

1.15 DETAILS IN REGARD TO APPLICANT'S BANK:

BANK NAME:	BRANCH:
BANK ACCOUNT NAME:	BANK ACCOUNT NUMBER:
OVERDRAFT FACILITY:	

1.16 PRESENT TRADING NAME OF THE APPLICANT:

1.17 PROPOSED NAME OF THE FRACTIONAL OWNERSHIP SCHEME IF APPLICATION SUCCESSFUL :

1.18 POSTAL ADDRESS OF THE APPLICANT:
 CODE

1.19 STREET ADDRESS (IF NOT THE SAME AS IN 1.18):
 CODE

1.20 CONTACT PERSON :
 NAME:
 TELEPHONE NUMBER:

1.21 DATE THAT DEVELOPMENT IS TO COMMENCE (IF APPLICATION IS SUCCESSFUL):

1.23 APPLICANT TO PROVIDE DETAILS OF PREVIOUS EXPERIENCE IN FRACTIONAL OWNERSHIP SCHEMES (PLEASE ATTACH DETAILS IF NECESSARY):

.....

1.24 PROFESSIONAL QUALIFICATIONS (IF APPLICABLE):

.....

PART 2

2 DETAILS OF PROPERTY

2.1 PHYSICAL ADDRESS:

MARKET VALUE: R.....

BOND(S):

.....

TITLE DEED NO:

NAME OF OWNER:

2.2 SOURCE AND EXTENT OF FUNDS AVAILABLE FOR DEVELOPMENT

CASH REQUIREMENTS	AMOUNT	SOURCE OF FUNDS
DEPOSIT	R	
WORKING CAPITAL	R	
TOTAL FUNDS AVAILABLE	R	PLEASE PROVIDE PROOF OF TOTAL FUNDS AVAILABLE

2.3 FUNDS REQUIRED AND SOURCE OF FUNDS

DEVELOPMENT COSTS	R	CASH	R
WORKING CAPITAL	R	BALANCE	R

* STATE SOURCE OF FUNDS AND PROVIDE PROOF

.....

.....

3 WHO MANAGES/WILL OVERSEE THE DEVELOPMENT AND DETAILS OF THEIR EXPERIENCE

FULL NAME	RESIDENTIAL ADDRESS	PHONE NO	I.D. NUMBER	EXPERIENCE

4 OTHER CURRENT BUSINESS INTERESTS OF APPLICANT:

NAME OF BUSINESS	STREET ADDRESS OF BUSINESS