

OWNERSHIP REGISTRATION FORM



Please complete this form so we have a record of Owners. This will allow ease of access for all and help maintain proper communication and security within our community

Contact Details

Name			
Owner of	<input type="checkbox"/> Villa	<input type="checkbox"/> Plot	<input type="checkbox"/> Building <input type="checkbox"/> Building Association
Telephone No.		Island	
Mobile No.		Villa/Building No.	
Fax No.		Street No.	
Email			

Document Required

Please submit the following documents:

Title Deed copy for villa / plot / building	<input type="checkbox"/>
Copy of Building Association Registration No.	<input type="checkbox"/>
Copy of villa / Building Electricity Bill for Verification of Address	<input type="checkbox"/>

For Office Use Only

Record Created	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Record No		Created by	
Date		Signature	