



Special Access Application

Recurring Contractor

November 2020

Contractor's particulars	Access Arranger's particulars
Company name: _____	Access Arranger Type: _____
Name of representative: _____	Access Arranger's name: _____
Identity number: _____ (Attach copy)	Access Arranger's contact no: _____
Contact number: _____	Service Address: _____
Office telephone number: _____	Street name: _____
Office Fax number: _____	Street number: _____
E-mail address: _____	Stand number: _____
Description of Contractor's service:	
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Certificate of acknowledgement by Access Arranger

1. I hereby hold the Association harmless for any claim caused by the Contractor providing recurring services on the Estate (the "Recurring Contractor").

2. I understand that the Recurring Contractor is required to complete **Annexures F and G** and to provide the Estate Manager with the required supporting documentation called for there in.

3. I confirm that the Recurring Contractor is providing a recurring service, that recurs weekly or monthly at the Service Address on the Estate.

4. I, the Access Arranger, acknowledge and agree that I will be held accountable for damage of any nature caused by the Recurring Contractor, and any individual related to the Recurring Contractor, to communal property of Port Zimbali Estate Home Owners' Association and/or the property of any other member of the Association. I agree to and understand the additional liability this places on me and hereby agree to pay any amount claimed from me in this regard when requested to do so by the Association.

Special Access Requested	
_____ Signature of Access Arranger	_____ Date

Special Access Approved	
_____ Signature of Estate Manager	_____ Date