



BIOMETRIC ACCESS REGISTRATION

ERF NO or ENTITY: _____

APPLICANT/S

FIRST NAME/S	SURNAME	ID NUMBER	CELL NO	VEHICLE REG NO	BIOMETRIC NO (office use)

(Please submit proof of driver's license)

Period for which access is required: _____ to _____ / OR permanent access

Signature

Name and Surname

Date

OWNER CONSENT

I, _____, herewith consent to the registration of the above mentioned individual/s on the Biometric Access System on Erf _____ or at entity _____.

Signature

Name and Surname

Date

OFFICE USE (mark with X)

Owner/s	<input type="checkbox"/>	Golf Club member	<input type="checkbox"/>	Golf Club Employee	<input type="checkbox"/>	WGL Employee	<input type="checkbox"/>	Visitor/s	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Tenant/s	<input type="checkbox"/>	HOA Employee	<input type="checkbox"/>	KZ Employee	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>