RESIDENT REGISTRATION FORM

This form must identify all occupants staying on the property
This form must be completed yearly.

UNIT NO: _____

Address (Street name and number) _____

Main Resident / Tenant (Primary member)	**2nd Resident / Tenant**
First name: _____	**First name:** _____
Surname: _____	**Surname:** _____
ID or Passport no _____	**ID or Passport no** _____
Owner / Resident ☐ **Tenant** ☐	**Owner / Resident** ☐ **Tenant** ☐
Gender: _____	**Gender:** _____

E-Mail for communication with HOA:

Main resident: _____

2nd Resident: _____

	Y	**N**		**Y**	**N**
Mobile number for Click-on: _____			**Mobile number for Click-on:** _____		
Dial list & Blue tooth	☐	☐	**Dial list & Blue tooth**	☐	☐
Allow codes	☐	☐	**Allow codes**	☐	☐
Cell number for Official IFV WhatsApp: _____			**Cell number for Official IFV WhatsApp:** _____		

Vehicle Make and Model: _____	**Vehicle Make and Model:** _____
Colour: _____	**Colour:** _____
Reg No: _____	**Reg No:** _____

Additional resident (Living in):	**Additional resident (Living in):**
First name: _____	**First name:** _____
Surname: _____	**Surname:** _____
Relationship eg. Child: _____	**Relationship eg. Child:** _____
ID or Passport no: _____	**ID or Passport no:** _____
Mobile number: _____	**Mobile number:** _____

	Y	**N**		**Y**	**N**
Dial list & Blue tooth	☐	☐	**Dial list & Blue tooth**	☐	☐
Allow codes	☐	☐	**Allow codes**	☐	☐
Access	☐	☐	**Access**	☐	☐

Vehicle Make and Model: _____	**Vehicle Make and Model:** _____
Colour: _____	**Colour:** _____
Reg No: _____	**Reg No:** _____

Additional resident (Living in):

First name: ____________________

Surname: ____________________

Relationship eg. Child: ____________________

ID or Passport no: ____________________

Mobile number: ____________________

	Y	N
Dial list & Blue tooth		
Allow codes		

	Y	N
Access		

Vehicle Make and Model: ____________________

Colour: ____________________

Reg No: ____________________

Additional resident (Living in):

First name: ____________________

Surname: ____________________

Relationship eg. Child: ____________________

ID or Passport no: ____________________

Mobile number: ____________________

	Y	N
Dial list & Blue tooth		
Allow codes		

	Y	N
Access		

Vehicle Make and Model: ____________________

Colour: ____________________

Reg No: ____________________

Additional resident (Living in):

First name: ____________________

Surname: ____________________

Relationship eg. Child: ____________________

ID or Passport no: ____________________

Mobile number: ____________________

	Y	N
Dial list & Blue tooth		
Allow codes		

	Y	N
Access		

Vehicle Make and Model: ____________________

Colour: ____________________

Reg No: ____________________

Additional resident (Living in):

First name: ____________________

Surname: ____________________

Relationship eg. Child: ____________________

ID or Passport no: ____________________

Mobile number: ____________________

	Y	N
Dial list & Blue tooth		
Allow codes		

	Y	N
Access		

Vehicle Make and Model: ____________________

Colour: ____________________

Reg No: ____________________

Date: ____________________

Signature: ____________________

Office use:

Res list completed	Y	N
Click on	Y	N

Captured by ____________________

Date captured ____________________