

*** NATURE OF ANCILLARY RIGHT REQUIRED**

STATE THE NATURE OF ANCILLARY RIGHT REQUIRED

(Append a separate sheet if necessary)

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*** PARTICULARS OF LAND OWNER AND FARM**

GIVE A DESCRIPTION OF THE LAND IN RESPECT OF WHICH THE RIGHT IS REQUIRED

Full Name of Land Owner:

Postal Address:

Tel No. (h): Tel No. (w): Cell:

Fax No: E-mail:

Farm Name: Farm Number:

Magisterial District: Registration Division:

FURNISH DETAILS (IF ANY) OF ANY MATTER WHICH IN THE OPINION OF THE APPLICANT IS RELEVANT TO THE APPLICATION

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PLEASE NOTE THE AREAS MARKED WITH AN ASTERISK (*) MUST BE COMPLETED IN FULL. OMISSION TO COMPLETE THE REQUIRED AREAS WILL RESULT IN THE NON-PROCESSING OF THE APPLICATION

I DECLARE TO THE BEST OF MY KNOWLEDGE THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT

SIGNATURE OF APPLICANT FULL NAME OF APPLICANT DATE _____ 2010

The deponent declares that he/she is familiar with, and understands the contents of this application. This was sworn to/solemnised before me

at _____ on the _____ day of _____ 2010

EX OFFICIO COMMISSIONER OF OATHS

DATE STAMP