

ARNHEM

BODY CORPORATE

PARKING APPLICATION FORM

SECTION DETAILS (required fields)			
UNIT NUMBER			
GARAGE NUMBER(S) ¹			
PARKING BAY NUMBER(S) ¹			
APPLICANT DETAILS	Name		
	Contact Number		
	E-mail Address		
	Home address		
CURRENT USE OF SECTION (please tick)		Primary residential (owner)	<input type="checkbox"/>
		Holiday apartment / family use (owner)	<input type="checkbox"/>
		Long-term letting to tenants	<input type="checkbox"/>
		Short-term letting to visitors	<input type="checkbox"/>
TOTAL NUMBER OF RESIDENTS			
VEHICLE DETAILS (required fields)			
PARKING BAY	Vehicle Make		
	Vehicle Model		
	Registration Number		
	Contact number (user)		
MOTIVATION (please provide a brief explanation of why you require additional parking)			

Note:

¹ Refers to already allocated units - according to attached parking plan.

PLEASE NOTE

1. Should your application be successful, you will be required to sign a short-term lease agreement with the Arnhem Body Corporate.
2. The cost of the rental will be levied against the section's account.
3. Please note that parking bay allocation is completed by the Trustees in accordance with Trustee Resolution 02/2023.
4. Availability of parking spaces is not guaranteed – your application may be added to a wait list or you may approach other owners to privately lease their garage or parking bay.
5. Casual use of visitor's bays will not be permitted if your application is denied. Please make alternative arrangements for parking of your vehicle.
6. All information provided above is volunteered and all personal information included is provided with permission from the family members, residents or tenants.
7. The details submitted in this form will never be shared, sold or used for any other purpose than management and administration of the section.
8. Please note that this information will be stored in accordance with the Arnhem Body Corporate's Privacy Policy, which is available: <https://www.arnhem.co.za/privacy-policy/>

APPLICATION BY:

Name	
Signature	
Date	

FOR OFFICE USE
(to be completed by the Trustees)

DATE & TIME RECEIVED	
OUTCOME	
REASON	
Signature	
Date	