



**MOUNT ROYAL**  
GOLF & COUNTRY ESTATE

Mount Royal Golf and Country Estate

P.O.Box 138

Malmesbury

7299

f: 022 4828822

t: 022 4828811

c: 083 261 0880

## MOUNT ROYAL BUILDING MANAGEMENT QUESTIONNAIRE FOR CONTRACTOR VALIDATION

### COMPANY DETAILS

Company Name \*

Trading Name \*

Postal Address \*

Physical Address \*

Telephone Number \*

Fax Number \*

Cell Number \*

Postal Code: \*

Town \*

E-Mail Address \*

Website address \*

Year Started Trading \*

Number of Houses Built in The Last Year \*

VAT Registration Number \*

NHBRC Registration Number \*

Company Registration Number \*

Date of Registration \*

BIBC Registration Number (If applicable) \*

MBA Registration Number \*

(Please attach copy of NHBRC registration certificate)

#### Entity

Close Corporation

Partnership

Sole Trader

Trust

PTY

#### Main Business Area

Home Building Developer

Home Building Contractor

Alterations & Additions

Estate Agent

General Contractor

Subsidy Housing

Other – specify:

Tick all applicable

#### Type of Building Done

Single Storey

Double Storey

More than two Storeys

Apartment Blocks

Conventional Masonry

Timber Framed

Other (specify)

Tick all applicable

**DIRECTORS / MEMBERS DETAILS**

Title	Intitials	Surname	Shareholding	ID Number
*	*	*	*	*

Title	Intitials	Surname	Shareholding	ID Number
*	*	*	*	*

Title	Intitials	Surname	Shareholding	ID Number
*	*	*	*	*

**YOUR BANK DETAILS**

Bank	Branch	Savings	<input type="checkbox"/>
*	*	Cheque	<input type="checkbox"/>
		Transmission	<input type="checkbox"/>

**Your Architect**

Name	Tel
*	*

**Your Auditors or Accounting Officer / Bookkeeper**

Name	Tel
*	*

**Operations**

Name of Project	Are you involved in any other projects currently?	
*	Description of Project	
*	*	
*	*	

Value:	*
Value:	*
Value:	*

**Disputes:**

Name of Project	Are you involved in any disputes currently?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
*	Value of Project	Amount of Dispute			
*	*	*			
*	*	*			

Attach details on separate sheet  
 Attach details on separate sheet  
 Attach details on separate sheet

**CLIENT REFERENCE**

(Last three contracts completed)

Title	Initials	Surname	Day Telephone Number	Cell Number
*				

Title *	Initials	Surname	Day Telephone Number	Cell Number
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Title *	Initials	Surname	Day Telephone Number	Cell Number
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**SUPPLIERS REFERENCE**

Title *	Initials	Surname	Day Telephone Number	Cell Number
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Title *	Initials	Surname	Day Telephone Number	Cell Number
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Title *	Initials	Surname	Day Telephone Number	Cell Number
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**PROFESSIONAL REFERENCE (Attorney, Accountant)**

Title *	Initials	Surname	Day Telephone Number	Cell Number
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Title *	Initials	Surname	Day Telephone Number	Cell Number
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**TECHNICAL MANAGEMENT OR CONTROL**

The Engineering Firm you Normally use for Structural Design and Certification

Title *	Initials	Surname	Company	Telephone Number
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Title *	Initials	Surname	Company	Telephone Number
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Do you utilize the services of sub-contractors? Yes  No   
If Yes who are the sub-contractors you will be using on this development?

Title	Initials	Surname	Company	Telephone Number
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Title *	Initials	Surname	Company	Telephone Number
Title *	Initials	Surname	Company	Telephone Number
Title *	Initials	Surname	Company	Telephone Number

**Previous Experience in a regulated building environment (eg Estate)**

Name of the Development: *	Building Control Officer: *	Phone Number
Type of Development: *	Other Contact Person: *	
Value of your Contribution: *		
Number of Units / Erven: *		
Erf Numbers: *		

**Application Fee**

A non refundable application fee to the Mount Royal Home Owners Association R500 (excl VAT) must accompany any application for validation with Mount Royal Building Management.

**Bank Details for Application Fee**

First National Bank.  
 Cheque Account name: Mount Royal Golf and Country Estate.  
 Account number: 62128231397  
 Branch: 200-507  
 (Malmesbury)

Fax proof of payment to Mount Royal at 022 482 8822 or e-mail [frans@moutroyalestate.co.za](mailto:frans@moutroyalestate.co.za)

**Contact Person:**

Frans Wuim  
 Mount Royal Building Manager  
 Cell 0832610880  
 Tel: 0224828811  
 Fax: 0224828822  
[frans@moutroyalestate.co.za](mailto:frans@moutroyalestate.co.za)

Signature of Authorised Representative	Position	Print Name	Date
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I, the undersigned, being duly authorised to sign this document, hereby certify that the information provided in this document is accurate and complete as at this date.