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	ISSUE DATE	14/01/2014
	REV DATE	23/03/2023
	REV NO	5

SPECIAL POWER OF ATTORNEY

I/We, _____, ID No.: _____,

the undersigned, nominate, constitute and appoint -

_____, ID No.: _____,

SACAP Registered Person: _____,

SACAP Registration Number: _____,

with the power of substitution to be my/our legal attorney(s) and agent(s) in my/our name, place and stead to apply for _____ (type of application and property description) at _____ (name of local authority) and in general to do everything to effect the application and to do whatever I/we would do if I/we were present in person and acting in the matter; and I/we hereby ratify, allow and confirm, and promise and agree to ratify, allow and confirm everything my/our attorney(s) and agent(s) may do or may permit to be done legally in terms of this power of attorney.

Certify special powers granted (if applicable):

Signed at _____ on this _____ day of _____ 20 _____ in

the presence of the undersigned witness.

AS WITNESS:

1. _____
Name in print

SIGNATURE

SIGNATURE: REGISTERED OWNER

Prove authority to act on behalf of:

- a) Company (company resolution)
- b) Close Corporation (CK2 document)
- c) Trust (trust resolution)
- d) Other: _____