

## ANNEXURE 2 CONSENT AND POWER OF ATTORNEY



I/We \_\_\_\_\_ ID number \_\_\_\_\_  
and \_\_\_\_\_ ID number \_\_\_\_\_

the undersigned and registered owner(s) of or duly authorised representative of the  
\_\_\_\_\_ trust/cc/(Pty) Ltd and owner(s) of the erf/unit number  
\_\_\_\_\_ with the street address \_\_\_\_\_ and postal address.

Reference number: \_\_\_\_\_

LIS Key: \_\_\_\_\_

1. consent to the closure of the agreed portion of the greater Waterkloof Area by means of access control measures permitted in terms of the Rationalisation of Local Government Affairs Act, 1998 (Act 10 of 1998), and any other legislation where necessary; and
2. nominate/constitute and appoint **Streetsafe 4U** with power of substitution and delegation to be my/our lawful agent, to make application to such authorities as may be necessary to apply for the restriction of access to the **SafeWaterkloof initiative**, and generally for effecting the foregoing purpose, to do or cause to be done whatsoever shall be requisite, as fully and effectually, for all intents and purposes, as we might or could do if personally present and acting therein, hereby ratifying, allowing and confirming and promising and agreeing to ratify, allow and confirm all and whatsoever my/our agent shall lawfully do, or cause to be done, by virtue of these present.

By completing this form, you are providing SafeWaterkloof with the following personal information and acknowledge that such personal information may be processed in terms of SafeWaterkloof's privacy policy available at <https://safewaterkloof.co.za>.

You consent to SafeWaterkloof and/or its third party service providers processing such information for the following purposes of managing the security initiative.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 2022

AS SIGNED:

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Witness

My/our particulars: telephone number at work \_\_\_\_\_ home \_\_\_\_\_

Cell \_\_\_\_\_ email \_\_\_\_\_