

LISTING FORM



R

LISTING DETAILS

LISTING AGENT: _____

LISTING DATE: _____

Owner Details:

E / A

Title, Name & Surname: _____

ID number:

Sole Mandate of: _____ From: ____/____/____ Until: ____/____/____

Tel 1: _____ Tel 2: _____ Fax: _____ Cell 1: _____ Cell 2: _____

Seller Tel: _____ Seller Cell: _____

Street Address: _____

Postal Address: _____

Tenant / Access: _____ Tel (h): _____ Rental: R _____ Lease Expire: _____

Sectional Title Details:

Sectional Title: Freehold: N/A:

Complex Name: _____

Section No.: _____

Stand No.: _____

Complex Condition: _____

Unit No.: _____

Unit Condition: _____

Garage No.: _____

Body Corporate: _____ Contact: _____

Staff No.: _____

Managing Agency: _____ Contact No.: _____

Levy: R _____

Cleaning Services: Y N Garden Service: Y N Private Garden: Y N Private Staff: Y N Incl. Water: Y N

Pets Allowed: _____

Property Details:

Mandate Type:

Commission %: _____ Owner Price: _____

Open Shared Sole

Province: _____ City: _____ Suburb: _____

Erf No.: _____ Street Name & No.: _____ M V ERF _____ M V BLD _____

Bedrms: _____ BIC'S _____ Bathrms: _____ MES: _____ Diningrm Ent. Hall TV Rm Study Braai Rm Lounge

Open Plan: _____ Description – Living Area: _____

Property Specifics:

Kitchen: <input type="checkbox"/>	Elec. Gate: <input type="checkbox"/>	Roof Type: _____	Ceiling Type: _____	Sizes: House: _____ m ² Patio: _____ m ² Alteration: _____ m ² Garage: _____ m ² Land: _____ m ²
Oven / Hob / Ext: <input type="checkbox"/>	Sec. Fence: <input type="checkbox"/>	Garden: _____	Wall Type: _____	
Scullery/Pantry: <input type="checkbox"/>	Sec. Lights: <input type="checkbox"/>	Wind. Type: _____	Floor Type: _____	
Laundry: <input type="checkbox"/>	Und. Flr. Heat: <input type="checkbox"/>	Exterior: _____	Storey's: _____	
Guest Toil: <input type="checkbox"/>	Pool: <input type="checkbox"/>	Condition: _____	Age: _____	
Servants: <input type="checkbox"/>	Outs/Ins. Braai: <input type="checkbox"/>			
Patio: <input type="checkbox"/>	Garage: <input type="checkbox"/>	Bar <input type="checkbox"/> Jacuzzi <input type="checkbox"/> Balcony <input type="checkbox"/> Fireplace <input type="checkbox"/>		
Paving: <input type="checkbox"/>	Parking: <input type="checkbox"/>		TV Aerial: _____	
Security: <input type="checkbox"/>	Carport: <input type="checkbox"/>		Mnet: _____	
View: <input type="checkbox"/>	Aircon: <input type="checkbox"/>			
Intercom: <input type="checkbox"/>	Alarm: <input type="checkbox"/>	Flat: <input type="checkbox"/> Flat Lounge: <input type="checkbox"/> Flat Kitch: <input type="checkbox"/> Bedr: _____ Bath: _____ BIC'S: _____		

Notes & Features:

I hereby confirm that I am the registered owner of the above property and that the above information is correct.

Listing Form & Website Form to be Submitted Together!

 Clients Signature