Fairview Estates Farmers Association
Fairview Estates Ptn 106
Compensation

032 815 1064
admin@fefa.co.za

CONTRACTOR / CONTRACTING STAFF / VEHICLE ACCESS APPLICATION FORM

DETAILS OF SITE OWNER/LESSEE

Owner's Details _____

Ptn Number _____

Signature _____ Date _____

DETAILS OF CONTRACTING COMPANY

Company Name _____

Company Registration # _____

Description of work on the Estate _____

Vehicle Make & Model _____

Vehicle Registration # _____

Telephone # Landline _____ Mobile _____

Email address _____

Company Physical Address _____

DETAILS OF CONTRACTING STAFF MEMBERS

Name	ID Number	Role	Signature

NB: Vehicles exceeding 8 ton, excavators and equipment on a flatbed needs special permission to access the Estate

DECLARATION OF SITE OWNER

I / We _____

have requested the services of

(Company Name) _____

Date of commencement _____ Date of completion _____

hereby accept full responsibility for the contracting company whilst on site, and acknowledge & have relayed the contractors protocol to the said company.

Signed _____ Date _____

DECLARATION BY CONTRACTOR

I / We (Company name) _____

hereby accept full responsibility for the contracting company whilst on site, and acknowledge & have relayed the contractors protocol to the said company.

Date of commencement _____ Date of completion _____

Signed _____ Date _____

For Office Use

Approved YES NO _____

Permit Number _____

Permit issued Date _____ Time _____

Permit returned Date _____ Time _____

DOCUMENTS REQUIRED

1. A photocopy of identity documents of all the staff members must accompany this application.
2. Please return the completed document to the Management office or email it to admin@fefa.co.za.
3. Copy of Company's indemnity insurance.