REGISTRATION OR EXTENSION APPLICATION

DOMESTIC WORKER / GARDENER/AU PAIR / OTHER

Domestic worker	Gardner	Au pair	Contractor	Other…specify

Form to be completed by OWNER OR Tenant and NOT Domestic Worker/Gardner/Other

OWNER / TENANT DETAILS

Stand Address:	
Name & Surname of Owner / Tenant	
ID number of Owner / Tenant	
Mobile number of Owner / Tenant	
E-mail of Owner / Tenant	

Note: Only three workers will be registered per stand i.e., two domestics & one gardener.

1. In applying for biometric access and thereby gaining access to The Coves as defined in The Coves Governing Body's rules, I declare that myself, family members, and visitors enter The Coves at their own risk and indemnify The Coves Governing Body, its Directors, employees and contractors against any claims and or any actions of whatever nature which may result from entering and or residing in The Coves.
2. Only original RSA ID documents or valid passports/work permits will be accepted
3. Registration will take place between 08H00 – 16H00 (Monday – Fridays)
4. The Resident/Tenant is responsible for deregistering the worker with the registration office upon his/her termination of employment.
5. Access for live-in Domestics and live-in Gardeners will be disabled one year (12 calendar months) after registration. Au pairs/Day Domestics and Day Gardeners will be disabled every 6 months from registration and will have to be re-registered.

APPLICANT DETAILS (To be completed by Owner/Tenant)

Full Name and Surname	
Nick Name	
Nationality	
ID / Passport / Asylum number	
Mobile Number	

Please tick the appropriate box/boxes for access

Sleep-in access							
Day worker (mark days of access required)	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**

Supplementary Information

Home Address in Country of Origin		
Proof of Residential Address	**YES**	**NO**
Employment Starting Date		
Copy of Employee ID / Passport	Required	

Copy of Employment Contract	**YES**	**NO**

Details of Next of Kin

Name and Surname	
Relationship	
Contact Number	
Physical Address	

Acknowledgement

I, the undersigned Employer & Employee, hereby confirm that all the information provided herein is true and correct. I, the Employer, take complete accountability and responsibility for my Employee, his/her actions, as well as those of his/her visitors or family entering The Coves.

Employer signature:		Date:
Employee signature:		Date:

CONSENT IN TERMS OF POPI (PROTECTION OF PERSONAL INFORMATION ACT 4 OF 2013)

I_____

The undersigned with Identity Numbers/ Passport, _____

herewith give consent in terms of section 11 of Act mentioned above that the Coves Governing Body, hereinafter referred to as the ("Coves HOA"), may collect and process all data I have furnished them for Security and Protection, including, but not limited to, access control using any electronic device such as biometric fingerprinting and facial recognition access control systems and CCTV monitoring.

Furthermore, the Coves HOA may collect and process all data provided by me for the purpose that the Coves HOA considers necessary for any administrative process in accordance with the Companies Act 71 of 2008, to comply with the Coves HOA's Memorandum of Incorporation (MOI) and relevant rules issued under this MOI.

This consent includes the collection and processing of information relating to any minor under my supervision and control for the same purposes as stated above.

Thus, done and signed at The Coves on this _____ day of _____ 20___

_____
Employee Signature

For Office Use ONLY

Criminal Clearance Certificate

Criminal Activity Noted	Approved	Denied
Comments		
Estate Managers Signature & Date		
Registration Date:	**Registration Expiry date:**	