

Unit \_\_\_\_\_

All sections of this form must be fully completed

**UILENKRAALSMOND and DIE DAM RESORTS**

**APPLICATION: SUB-LESSEE**

**Full details of Sub-Lessee :**

Surname : \_\_\_\_\_

Full Names : \_\_\_\_\_

Home address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ID number : \_\_\_\_\_

Contact details : Cell number: \_\_\_\_\_ Home number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Date of arrival : \_\_\_\_\_ Date of departure: \_\_\_\_\_

Number of Persons : \_\_\_\_\_  
(MAXIMUM 6)

Number of Vehicles : \_\_\_\_\_  
(MAXIMUM 2) Registration number 1 : \_\_\_\_\_  
Registration number 2 : \_\_\_\_\_

I, \_\_\_\_\_ have been informed of:  
(NAME SUB-LESSEE)

- 1) the Camp Rules;
- 2) the Government Regulations and the COVID 19 protocols;
- 3) the Superintendent of Resorts may enforce the stipulations as contained in the contract of the Tenant.

Signature : \_\_\_\_\_  
(SUB-LESSEE)

Date : \_\_\_\_\_