Expansion of Wynberg City Improvement District (CID) in accordance with the City of Cape Town: City Improvement District By-law, 2023 (the "By-law"), section 26 (2)(f)(iii).

| OBJECTION FORM      |  |  |  |
|---------------------|--|--|--|
|                     | ODOZONOM I OMIII   |  |  |
| Details of Property |  |  |  |
| Erf No.             | Physical Address   |  |  |
|                     |  |  |  |
|                     |  |  |  |
|                     |  |  |  |
|                     |  |  |  |
|                     |  |  |  |
|                     |  |  |  |
|                     |  |  |  |
| The main chie       | ctives of this CID are to improve and upgrade the area in the manner envisaged in the Business Plan  |  |  |
| •                   |  |  |  |
| <u> </u>            | ·  |  |  |
|                     | COMPLETION OF OBJECTION FORM   |  |  |
| owner of th         | property owners who are natural persons: complete PART A(i) and PART C. (If the signatory is not the e property and signs this form on behalf of such a registered property owner, the signatory must also be warranty under PART B and attach proof of authorisation to this form). |  |  |
|                     | property owners who are juristic persons or other bodies: complete PART A(ii); PART B and PART C.  |  |  |
| •                   | Sectional Title Units or multiple properties may request a schedule, listing all units and/or properties   |  |  |
|                     | in the boundaries of the proposed CID. If you elect to make use of this schedule to identify your properties,  |  |  |
|                     | al every page of the Schedule upon which your properties appear and submit the schedule together with  |  |  |

- In the case of a juristic person or other body the following must be attached to the application:
  - o a resolution giving authority (on a company letterhead) stating the resolution number and representatives details as per Part B; or
  - o a letter giving authority stating the details as per Part A(ii) and Part B and must be signed by all Directors and include a copy of the CK2 document indicating current Directorship.

**Please note:** The Applicant and the steering committee will keep your personal information confidential. Without written consent, disclosure to third parties will be limited to CID application procedures prescribed by the City of Cape Town.

|  | REGISTERED PROPERTY OWNER(S)                             |
|--|--|
| (i)  | Natural Person(s)  |
| <b>Owner 1</b> – Name(s):                          | Surname:   |
| ID number:   | Work tel   |
| Home tel.:   | Email address:   |
| Cell. No.:   |  |
| <b>Owner 2</b> – Name(s):                          | Surname:   |
| ID number:   | Work tel.:   |
| Home tel.:   | Email address:   |
| Cell. No.:   |  |
| (ii) Ju  | uristic Person / Other Body                              |
| Name of Company/ Trust/ Sectional Title Body Corpo | orate/ Other Body as it appears on Title Deed (underline |
| Registration no.:                                  |  |

| Physical Address:                        | Postal Address:  | Postal Address: |  |
|--|--|-----------------|--|
|  |  |                 |  |
| Website address (if any):                |  |                 |  |
| Contact Person:                          | Designation:   |                 |  |
| Business tel.:                           | Cell. No.:   |                 |  |
| Email address:                           |  |                 |  |
| PART B: WARRANTY BY RE                   | PRESENTATIVE (proof of authorisation to be attached to th  | e form)         |  |
|  | authorised by the aforesaid registered property owner to vote or ed CID and to complete any necessary documentation in this re |                 |  |
| Name(s):                                 | Surname:   |                 |  |
| ID number:                               |  |                 |  |
| Representative Capacity (if applicable): | :  |                 |  |
| Home tel.:                               | Work tel.:   |                 |  |
| Cell. No.:                               | Email address:   |                 |  |
|  | PART C:OBJECTION   |                 |  |
| the attached letter dated                | siong of a CID as per the Business Plan, for the reasons stated  |                 |  |
| Owner 1 – Name(s):                       | Surname:   |                 |  |
| Signature:                               |  |                 |  |
| Cignature.                               |  |                 |  |
| <b>Owner 2</b> – Name(s):                | Surname:   |                 |  |
| Signature:                               | Date:  |                 |  |
| SU                                       | IBMISSION OF OBJECTION FORM  |                 |  |
| Please return the completed form to :    |  |                 |  |
| Physical Address:                        | Postal Address:  |                 |  |
| Email to:                                | or contact us at 021   | for collection. |  |
| NOTE: This form should be submit         | tted on or before 20   |                 |  |