CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

APPLICATION FOR FULL SOCIAL HOUSING PERFORMANCE PARTNERSHIP

This form must be signed by the Chair of the Board of the Fully accredited SHI

1. COMPANY IDENTIFYING INFORMATION

Name of SHI: _____

Company registration No: _____

Physical Address of SHI: _____

2. CONTACT PERSON IN SHI

Name: _____

Title: _____

Contact Information: _____

Email contact: _____

Office telephone: _____

Cell phone: _____

Fax number_____

3. ACCREDITATION STATUS

Fully Accredited by the SHRA**:** **yes**

Date received: _____

(NB: Please attach certified copy of SHRA Accreditation Letter 2020 that informs of Full Accreditation)

4. PRESENT SOCIAL HOUSING PORTFOLIO UNDER MANAGEMENT

PROJECT	CITY	NO. OF UNITS	UNDER MANAGEMENT SINCE? (YEAR)

5. NON CAPE TOWN BASED SHIs

If your head office is not based in Cape Town, please confirm that you will establish a staffed regional office in Cape Town once units are under management in Cape Town.

Yes ☐ No ☐

If yes please elaborate briefly on your plans to do this:

_____

I swear that all the information contained in this Application is true and correct at the date of signature. I understand that if any of the information is not true this application or any agreements entered into on the basis of it will be considered nullified.

Signed on the_____ 2020 at_____ .

SIGNED: _____
Chair of Board

Date of Signature: _____

Witness 1 Signature : _____

Full Name: _____

Witness 2 Signature : _____

Full Name: _____