



AUTHORISATION FOR REMOVAL OF ITEM/S FROM KYALAMI ESTATES

DATE:			
TO:	THE SECURITY MANAGER KYLAMI ESTATES		
RESIDENT NAME:		STAND NO.:	
CONTACT NO.:			

I HEREBY CONFIRM THAT:

NAME:			
DOMESTIC:		GARDENER:	
VISITOR:		SERVICE PROVIDER:	

HAS BEEN GIVEN THE FOLLOWING ITEM/S WHICH MAY BE TAKEN OUT OF KYALAMI ESTATES:

SIGNATURE:	
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