

Appendix B

SUBMISSION FORM

ERF Beau Rivage Ville d' Afrique Port Provence

This form must be electronically submitted (via email to admin@estatedafrique.com) together with proof of payment of your review fee. Refer to CLAUSE 6 of the latest Architectural Design Guidelines for fees payable.

CONTACT INFORMATION

<u>OWNER</u>	
Name and Surname	
Cell number	
e-mail address	
e-mail address to be used for your Drop Box link	<input type="checkbox"/> SAME AS ABOVE

<u>SACAP PROFESSIONAL</u>	
Name and Surname	
Cell number	
e-mail address	
e-mail address to be used for your Drop Box link	<input type="checkbox"/> SAME AS ABOVE
SACAP registration number	

I, _____, Id Number

in my capacity as the SACAP Registered Architectural Professional declare that I have familiarise myself with the contents of the Estate Architectural Design Guidelines and that I have and will adhere to all the guidelines and restrictions contained therein.

Signature

Date

SACAP Professional

Signature

Date

Registered Owner