



DEPARTMENT OF AGRICULTURE, LAND REFORM AND RURAL
DEVELOPMENT
REPUBLIC OF SOUTH AFRICA

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APPLICATION FORM

**LAND TITLES ADJUSTMENT IN TERMS OF THE LAND TITLES ADJUSTMENT ACT, NO.
111 OF 1993**

NAME OF APPLICANT	:	.....
ID NUMBER	:	.....
ADDRESS (POSTAL)	:	.....
ADDRESS (RESIDENTIAL)	:	.....
TELL	:	.....
PROPERTY DESCRIPTION	:	.....
CURRENT REGISTERED OWNER	:	.....
LOCATION/NEAREST TOWN	:	.....
LOCAL MUNICIPALITY	:	.....
DISTRICT MUNICIPALITY	:	.....
PROVINCE	:	.....
MOTIVATION	:	.....
SIGNATURE	:	.....
DATE	:	.....

NB: The following certified documents must accompany this form:
Copy of ID
Affidavit
Pay Slip/Salary Advice or Affidavit if unemployed
Copy of Title Deed
Any other doc: letter of sale, letter of purchase, receipts, etc.

FOR OFFICE USE ONLY
NAME :
DESIGNATION :
DATE :
SIGNATURE :
REF.NO. :