



TECHNO GROUP

Simplicity • Quality • Lifestyle

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www.techno-group.co.za

DATE: _____

INSPECTION REQUEST FORM

(Requests can also be submitted electronically directly from our website from your PC or Mobile device)

SELLER'S NAME: _____ ID NUMBER: _____

MR (W): _____ MRS (W): _____

TEL. NO. (H): _____ CELL: _____

EMAIL: _____

PURCHASER'S NAME: _____

CONTACT DETAILS

CONTACT PERSON FOR ACCESS TO PROPERTY: _____

TEL NO: _____

PROPERTY STREET ADDRESS, AREA AND ERF NUMBER: _____

ESTIMATED SIZE OF BUILDINGS: _____

***BEETLE / *ELECTRICAL / *WATER / *GAS / *ELECTRIC FENCE**
***PLEASE CIRCLE REQUIRED INSPECTIONS**

ATTORNEYS: _____ CONTACT PERSON: _____

EMAIL ADDRESS: _____

TEL. NO.: _____ FAX NO.: _____

EXPECTED DATE OF REGISTRATION: _____

ESTATE AGENCY & BRANCH: _____ AGENT: _____

TEL. NO.: _____ FAX NO.: _____

CELL: _____ EMAIL: _____

SPECIAL INSTRUCTIONS:

FOR Techno Group OFFICE USE:

INSPECTION DATE: _____ TIME: _____

ACCESS: _____

COMMENTS: _____

Please Provide ALL details, missing or inaccurate details can result in delays.