Form D: 2020 Rev 1







ARCHITECTURAL ACCREDITATION APPLICATION

By signing this document, I undertake that this agreement is valid and binding on <u>all</u> the relevant Century Property.

NI. Waterfall Country Estate, Waterfall Country Village, The Hills, Helderfontein & Blue Hills.

EAR (To be	submitted annually)	
Name and Surname		
Company Name		
SACAP Registration Number	r Pr. Arch	
Date of Expiry		
Contact Number/s		
E-Mail Address		
Postal Address		
REQUIRED ACCREDITATION DOCUMENTATION		RECEIVED
opy of SACAP Certificate		
igned Design Undertaking		
CKNOWLEDGEMENT AND Acthe undersigned reby acknowledge that:	CEPTANCE OF CONDITIONS	
I. I am acquainted with the cursubmissions.	rent required design principles and values of	Blue Hills and agree to apply these to my
	he design undertaking as pertains to Blue Hill	S.
. I am aware of the plan subm	ission and approval processes as pertains to E	Blue Hills.
. Accreditation is valid for the	current calendar year only and renewal is not	automatic.
. I will only submit plans of m	own design.	
. Should my SACAP registration	be revoked for any reason, I will inform the	Aesthetics committee accordingly.
. I understand and agree to a	ide by the demerit points system and any pos	ssible suspension there from.
	SIGNATURE	DATE
ARCHITECT		