MARITE

Sectional Title Administrators

SECTIONAL TITLE CONVEYANCERS QUESTIONNAIRE

PLEASE COMPLETE AND RETURN TO OUR OFFICES AND CONFIRM DATE OF TRANSFER IN WRITING

NAME OF BUILDING	_____
SECTION NUMBER/S	_____
FLAT/GARAGE/STORE NUMBER	_____
PURCHASER'S NAME AND TITLE	_____
PURCHASER'S POSTAL ADDRESS	_____
E-MAIL	_____
PURCHASER'S CONTACT NO **HOME/WORK/CELL:**	**HOME:**_____ **WORK:**_____ **CELL:**_____ **FAX:**_____
ID/CK/TRUST NUMBER	_____
TRANSFER DATE	_____
BONDHOLDER	_____
ADDRESS AND BRANCH OF THE BONDHOLDER	_____

PLEASE NOTE: OUR RECORDS WILL ONLY BE AMENDED TO SHOW THE PURCHASER'S NAME ONCE THIS DOCUMENT IS RECEIVED.