



TRANSPARENCY IS LIFE

PROPERTY SELL DIRECT

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29 Riebeeck Street
Worcester
6850

Tel: 023 342 2214
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RESIDENTIAL PROPERTY LISTING

Name & Surname: _____

ID number: _____

E-mail Address: _____

Postal Address: _____

Physical Address: _____

Cell number: _____

Landline: _____

Contact for viewing: _____

Cell number: _____

PROPERTY DETAILS

Erf number: _____

Erf size: _____

Building size: _____

Street Address: _____

Town: _____

Province: _____

Nett Sales Price: R _____ Marketing Price: R _____

LIVING ROOM/S**Number of living room/s** 1 2 3 4 5**Floor Covering:**
 Tiles Laminated Carpets Wood Other

- | | | |
|------------------------|------------------------------|-----------------------------|
| 1. Under floor heating | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Fireplace | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Ceiling fan | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Air Conditioning | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Outside Access | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Blinds | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Open plan | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Size: _____ m²Description: _____
_____**FORMAL LOUNGE/S****Number of lounge/s** 1 2 3 4 5**Floor Covering:**
 Tiles Laminated Carpets Wood Other

- | | | |
|------------------------|------------------------------|-----------------------------|
| 1. Under floor heating | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Fireplace | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Ceiling fan | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Air Conditioning | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Outside Access | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Open plan | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Blinds | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Size: _____ m²Description: _____

ENTERTAINMENT AREA**Number of room/s** 1 2 3 4 5**Floor Covering:**Tiles Laminated Carpets Wood Other

- | | | |
|------------------------|------------------------------|-----------------------------|
| 1. Patio / Veranda | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Under floor heating | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Fireplace | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Ceiling fan | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Air Conditioning | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Outside Access | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Open plan | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Built in braai | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Mini bar | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Blinds | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Size: _____ m²Description: _____
_____**DINING ROOM/S****Number of dining room/s** 1 2 3 4 5**Floor Covering:**Tiles Laminated Carpets Wood Other

- | | | |
|------------------------|------------------------------|-----------------------------|
| 1. Under floor heating | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Fireplace | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Ceiling fan | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Air Conditioning | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Outside Access | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Open plan | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Blinds | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Size: _____ m²Description: _____

KITCHEN**Features:**

Built in cupboards Oven Hob Eye-level stove
 Pantry Scullery Laundry Storage room

Size: _____ m²

Floor Covering:

Tiles Laminated Carpets Wood Other

- | | | |
|------------------------|------------------------------|-----------------------------|
| 1. Under floor heating | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Ceiling fan | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Air Conditioning | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Outside Access | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Open plan | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Description: _____

BEDROOMS

Number of bedrooms: 1 2 3 4 5 6 or more

SPECS	BEDR 1	BEDR 2	BEDR 3	BEDR 4	BEDR 5/ OFFICE
Floor Covering	CARPETS / WOOD / TILES / LAMINATED	CARPETS / WOOD / TILES / LAMINATED	CARPETS / WOOD / TILES / LAMINATED	CARPETS / WOOD / TILES / LAMINATED	CARPETS / WOOD / TILES / LAMINATED
Underfloor heating	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Built in Cupboards	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Walk-in cupboards	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Ceiling fan	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Air Conditioning	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Burglar bars	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Outside access	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Special view	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
En-suite bathroom	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Blinds	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Size	m ²	m ²	m ²	m ²	m ²

Description: _____

BATHROOMS**Number of bathrooms:** 1 2 3 4 5

SPECS	BATHR 1	BATHR 2	BATHR 3	BATHR 4	BATHR 5
Cupboards	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Steam room	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Jacuzzi bath	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Toilet	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Separate toilet	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Shower	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Bath	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Basin	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Floor Covering	TILES / OTHER	TILES / OTHER	TILES / OTHER	TILES / OTHER	TILES / OTHER
Extractor fan	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
En-suite bathroom	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Size	m ²	m ²	m ²	m ²	m ²

Description: _____
_____**GARAGE****Floor Covering:**Tiles Laminated Carpets Wood Cement Other **Features:**

- | | | |
|---------------------------|------------------------------|-----------------------------|
| 1. Electric doors | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Carport | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Single | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Double | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Direct access to house | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Size: _____m²Description: _____

ADDITIONAL HOUSEHOLD UNIT/SYes No

SPECS	Room 1	Room 2	Room 3	Room 4	Room 5	Room 6
Bedroom	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Kitchen	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Living room	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Dining room	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Built in Cupboards	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Ceiling fan	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Air Conditioning	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Blinds on windows	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Outside access	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
En-suite bathroom	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Full bathroom	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Other: _____						
Size	m ²	m ²	m ²	m ²	m ²	m ²

Description: _____

GENERAL INFORMATION

Staff quarters View Guest Toilet
 Patio Intercom Tennis Courts
 Squash Court Clubhouse Gym
 Golf course Jacuzzi Foyer

Description: _____

Study Yes No

Floor Covering:

Tiles Laminated Carpets Wood Other

- | | | |
|-----------------------|------------------------------|-----------------------------|
| 1. Ceiling fan | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Air Conditioning | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Outside Access | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Shelves | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Blinds | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Build in cupboards | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Size: _____m²

Description: _____

Pool Yes No

Features:

Fenced	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Paving	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Condition	Old <input type="checkbox"/>	New <input type="checkbox"/>
Type	Chlorine <input type="checkbox"/>	Salt <input type="checkbox"/>
Light in pool	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Size Small Medium Large

Description: _____

Garden Yes No

Features:

- | | | |
|----------------------------|------------------------------|-----------------------------|
| 1. Sprinklers | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Computerized Irrigation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Well established | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Description: _____

Roof**Type of roof:**

Clay Tiles Corrugated Asbestos Thatched NuTech
 Modern Tile IBR Other

Condition of roof:

New Good Reasonable Poor Old

Style of Roof:

Flat roof Stand-up roof Modern roof A frame roof Other

Description: _____

Security Yes No

Features:

- | | | |
|--------------------|------------------------------|-----------------------------|
| 1. Security Lights | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Fenced | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Alarm system | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Electric gate | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Burglar bars | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Description: _____

Power: Koopkrag? Yes No **OTHER**

Levies and Rates payable:

Tax: _____ Water: _____ Refuse: _____

Other: _____

Distance from Town & Schools: _____

Summary of your property ad:

FIXTURES AND FITTINGS:

The property is sold with all fixtures and fittings of a permanent nature inclusive of:

Satellite dish, irrigation system, curtain railings, blinds, ceiling fans, all wall to wall floor coverings, light fixtures, all swimming pool equipment, filters and automatic pool cleaning system in 100% working condition,

EXCLUDED FROM SALE:

The following items are expressly excluded from this sale:

DISCLOSURE OF DEFECTS

The Seller declares that he/she is aware of the following defects on the property:

APPROVED PLANS:

The Seller has current and approved building plans of the property in his/her possession:

Yes **No:**

The seller agrees to provide the buyer with current and local government approved building plans of the property before transfer.

Yes **No:**

SHOW HOUSE:

The Seller may exercise his/her option to request one show house board.

- The Seller requests a show house board **Yes** **No:**
- The seller agrees to do his/her own show house. **Yes** **No:**
- The Seller agrees to adhere to the local municipality bylaws in managing his/her own show house and putting up of show house signs. **Yes** **No:**
- Show house board is delivered: **Yes** **No:**
- Special show house request from seller: **Yes** **No:**

Special Request: _____

Reason for not requesting a show house board:

MARKETING:

The Seller agrees to the following marketing methods:

Media **Internet** **Pamphlets** **Display boards** **e-mail/SMS**

Other: _____

For Sale Sign *What can we put on the FSS?* **Price** **Address**
Neg. **Web ref**

May we advertise your street address in the newspaper? **Yes** **No**

Special Marketing Requests: _____

VIEWING TIMESPreferred viewing times:

Day	Time	Remarks/Other arrangements
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

OFFICE USE

Property Consultant Name: _____

Contact number/s: _____

Date of listing: _____

Property listing number: _____

Web reference number: _____

Property consultant category: _____

Property consultant commission: _____