

## **CONVEYANCER CERTIFICATE**

I/We
(conveyancer's name and surname)
Practising at:
(firm and place of practice)
In respect of:
(full property description (erf / farm) as it appear in title deed of same)
, and property accompanies (20, 7, 2000) and accompanies and accompanies (20, 2000)
Hereby certify that a search was conducted in the Deeds Registry, regarding the said property (ies) (including both current and earlier title deeds/pivot deeds/deeds of transfer):
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For example Deed of Transfer T12345/2000 or Certificate of Registered Sectional Title ST1234/2000 (description of title

deed number and date)



## A. IDENTIFY RESTRICTIVE TITLE CONDITIONS (if any)

Categories		Are there deed restrictions (indicate below)		Title Deed and Clause number if restrictive conditions are found
1.	Use of land	Y	N	
2.	Building lines	Y	N	
3.	Height	Y	N	
4.	Number of Dwellings	Y	N	
5.	Bulk floor area	Y	N	
6.	Coverage/built upon area	Y	N	
7.	Subdivision	Y	N	
8.	Servitudes that may be registered over or in favour of the property	Y	N	
9.	Other Restrictive Conditions	Y	N	



## **B. INDICATE AFFECTED PARTIES AS PER TITLE DEED (if any)**

Cell: .....

In respect of which it was found that there \*are/are no restrictive conditions with reference to Section 33(4) (a, b or c) of the Land Use Planning By-law (2015) registered against such property (ies) prohibiting it from being utilised/developed for the following purposes (as elaborated in the accompanying application):

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а.	Organ(s) of State that interest in the restri	_						
b.	A person whose right expectations will be removal/suspension restriction condition	affected by the /amendment of a						
c.	All persons mentioned in the deed for whose benefit the restrictive condition applies							
	PROCESS BY WHICE		ONDITIONS WILL B	E ADDRESSED				
Application in terms of Section 15 of the Stellenbosch Municipal Land Use Planning By- Law (2015)		Notarial Deed of Cancellation (Submit Copy of Signed Agreement)	Action by way of court order (Submit Copy of the Court Order)	If Other, Please Specify				
of 20	<b>)</b>			(Day)(Month)				
Full names and Surname: Signature:								
Firm Postal Address:			Kindl	y endorse certificate by affixing official stamp here and initial here				
Tel:			Email:					