



**Department: Economic Development and Spatial Planning**  
**Section: Building Plans Management**

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### SPECIAL POWER OF ATTORNEY

I / We, \_\_\_\_\_, ID no. \_\_\_\_\_

, the undersigned, nominate, constitute and appoint –

Gert C Daffue \_\_\_\_\_, ID no. 600831 5002 086 \_\_\_\_\_, and

Gert C Daffue \_\_\_\_\_, ID no. 8 403 055 018 087 \_\_\_\_\_, from

B-Plan Pro \_\_\_\_\_, Reg no \_\_\_\_\_

with the power of substitution to be my/our legal attorney(s) and agent(s) in my/our name,

place and stead to apply for Erf \_\_\_\_\_, (type of application and property description) at \_\_\_\_\_ Tshwane Municipality \_\_\_\_\_ (name of

SACAP Registered Person. \_\_\_\_\_ Gert C Daffue \_\_\_\_\_

SACAP Registration no \_\_\_\_\_ D1108 \_\_\_\_\_

local authority) and in general to do everything to effect the application and to do whatever I/we would do if I/we were present in person and acting in the matter; and I/we hereby ratify, allow and confirm and promise and agree to ratify, allow and confirm everything my/our attorney(s) and agent(s) may do or may permit to be done legally in terms of this power of attorney

**Certify special power granted (if applicable):**

Signed at \_\_\_\_\_ PRETORIA \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ 23 \_\_\_\_\_  
 in the presence of the undersigned witnesses.

AS WITNESSES:

1 \_\_\_\_\_  
 Name in print

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 SIGNATURE OF REGISTERED OWNER

\_\_\_\_\_  
 E-Mail

Prove authority to act on behalf of:

\_\_\_\_\_  
 Phone

- a) Company (company resolution)
- b) Close Corporation (CK2 document)
- c) Trust (trust resolution)
- d) Other: \_\_\_\_\_