RESOLUTION OF THE TRUSTEES

Name of Trust: _____

Trust Registration Number: _____

Date Passed: _____

It is hereby resolved that:_____ (Name and Surname) is hereby authorised to sign the Consent/Object Form either in paper form or online for the proposed establishment **of Graaff-Reinet Community Improvement District (GRT CID).**

Trustee Name: _____

Signature: _____

Trustee Name: _____

Signature: _____

Trustee Name: _____

Signature: _____

NOTE: To be signed by a majority of the Trustees and Resolution to be accompanied by relevant Letters of Authority.

GRT Community Improvement District NPC
Reg no: 2025 / 125531 / 08
Address: 68 Somerset Street, Graaff-Reinet, 6280
Cell: +27 71 244 0820 | Email: info@grtcid.co.za
Website: www.grtcid.co.za