



SALE/ RENTAL PROPERTY INFORMATION

Date: _____ / _____ / _____
 Referred by: _____
 Property Address: _____

OWNER DETAILS:

Name & Surname: _____
 Tel No: (H) _____ (W) _____
 Cell Phone No: _____ Fax: _____
 E-mail Address: _____
 Date Available: _____
 House: _____ Duet: _____ Cluster: _____
 Simplex: _____ Duplex: _____ Flat: _____

ROOM	NUMBER	DESCCRIPTION
Bedrooms		
Bathrooms & Showers		
Lounge		
Family / TV Room		
Dining Room		
Study		
Recreation Room		
Kitchen		
Pantry		
Laundry		Scullery
Servants Quarters		
Toilet		Bath Shower
Garages		Electronic
Patio		Built-in Braai
Lapa		

Type of Roof: Standing: _____ Flat: _____ Zink: _____ Tiles: _____
 Security Firm: _____ Alarm: _____ Fence: _____
 Garden: _____
 Irrigation: Yes / No Bore Hole: Yes / No Pot Plants: _____ Water Feature: Yes / No
 Swimming Pool: Yes / No Jacuzzi: Yes / No Sauna: Yes / No Steam Room: Yes / No
 Wall coatings: Painted: _____ Face Brick: _____

Description:

Years Old: _____ Style: Modern _____ Old _____ Renovated _____
 Layout: _____ Appearance (Clean, Tidy, etc.) _____
 Suitable for animals: _____ Traffic Noise: _____
 Schools in the vicinity: _____

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