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Date.....

I.....
ID No.....
Address
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ERF.....
Make the following statement regarding Application No.....

For.....

At.....

Should the application be approved.

- A. I will continue to apply wireless communications good practice In my home and workplace [see www.EMFSA.co.za for details]. I will have my property surveyed for current levels and types of electromagnetic radiation.
- B. I will be undertaking an annual medical examination specifically aimed at internationally accepted EHS / biomarkers and other medical conditions proven to be as a result of long term low level non-ionizing radiation exposure.
- C. I will take advantage of any new methods of evaluating health related to EMF exposure as and when they become available
- D. Should my property be devalued as a result of such approval in terms of either the municipal valuation method or independent assessment by property professionals I will claim compensation from the successful applicant.
- E. Should I require shielding from the radiation generated as a result of a successful application the account for such shielding will be deemed the responsibility of the successful applicant.

Signed..... On this day Of 20.....

Received by..... Place..... Date.....