Community Schemes Ombud Service
Affordable Reliable Justice

HEAD OFFICE
T : (+27 10) 593 0533
F : (+27 10) 590 6154
A : 1st Floor Building A, 63 Wierda Road East, Sandton

KWA-ZULU NATAL
A : 7TH Floor Aquasky Towers, 275 Anton Lembede Street, Durban

WESTERN CAPE
A : 8th Floor Constitution House, Adderley Street, Cape Town

GAUTENG
T : (+27 10) 593 0533
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A : 1st Floor Building A, 63 Wierda Road East, Sandton

APPLICATION FOR DISPUTE RESOLUTION FORM

Kindly complete the form in a legible manner and all pages must be completed.

Details of person making this Application:
Please fill in Block Letters

Full Names:	
Surname:	
ID Number:	
Tel no: (home / work):	
Cell phone:	
Email:	
Race:	
Age:	
Gender:	

Address:

Name of Scheme	
Unit number	
Street Name	
Suburb	
City	
Province	
Postal code	

Postal address of Applicant (if different from above)

PO Box No.	
Suburb	
City	
Province	
Postal code	

The application pertains to which type of Community Scheme living:

- ☐ Sectional Title Development
- ☐ Homeowners Association
- ☐ Housing Scheme for Retired Persons
- ☐ Share Block Company
- ☐ Housing Cooperative
- ☐ Other (please specify) _____

Person / Association making the application (Applicant):

- ☐ Owner
- ☐ Occupier
- ☐ Management Agent
- ☐ Board of Directors
- ☐ Sectional Title Trustees
- ☐ Management Association for Retired Persons
- ☐ Other (please specify) _____

Has legal proceedings been instituted i.e. Summons, Administration Order herein:

- ☐ Yes
- ☐ No
- ☐ Not sure

Where did you learn about the Office of the Community Schemes Ombud Services?

- ☐ Radio
- ☐ Website
- ☐ Internet
- ☐ Attorney
- ☐ Newspaper
- ☐ Other Ombudsman
- ☐ By word of mouth
- ☐ Other (please specify) _____

Person / Association the application is against (Respondent):

- ☐ Owner
- ☐ Occupier
- ☐ Management Agent
- ☐ Board of Directors
- ☐ Sectional Title Trustees
- ☐ Management Association for Retired Persons
- ☐ Other (please specify) _____

Details of person(s) / Community Scheme you are making the application against including contact details (telephone number, email address, address):

Details of application/alleged breach:

Please **legibly** set out all the facts which you consider to have bearing on this application, including dates, places and persons involved.

Exhaustion of internal remedies:
What has been done to try to resolve this application? Please describe what you have done, who you have talked to and what they offered to do.

Relief sought:
What remedy are you requesting? How do you want the problem to be solved?

Supporting documentation
Please tick one or more of the boxes

☐ I have supporting documentation or other evidence to supply with my application:

- ☐ A copy of Scheme Governance documentation (including: any rules, regulations, articles, constitution, terms and conditions or other provisions that control the administration or occupation of private areas and common areas)
- ☐ A copy of Sectional Title / Homeowners Association Plan
- ☐ A copy of the Title Deed
- ☐ All documentation, including correspondence with the Respondent (party you are making the application against) relevant to the application
- ☐ A copy of your latest statement of account
- ☐ A copy of the minutes of the Annual / Special General Meeting
- ☐ Photographs
- ☐ A copy of audited financial statements
- ☐ A copy of Summons
- ☐ A copy of Administration Order
- ☐ Other (please specify) _____

☐ I do not have supporting documentation

Declaration and Signature of applicant:

I declare that the above information is true and correct to the best of my knowledge. I agree that the information I have given in this form may be used or disclosed to process and resolve this application.

Signature:

	D D / M M / Y Y Y Y

Additional Information