

FORM A

NOTIFICATION OF CHANGE OF BODY CORPORATE ADDRESS *Sectional Titles Schemes Management Act, 2011* – Section 3(1)(o)

Completed forms must be emailed to sectionaltitles@csos.org.za

Scheme Details:	
Name of Scheme:	
Sectional Scheme Number / year:	/ (first number, if more than one)
Local Municipality name:	

To:

1. Community Scheme Ombud Service
2. Local Municipality: _____ (*insert name*)
3. Registrar of Deeds: _____ (*insert place*)

Address Details: (insert below the body corporate's physical service address, its <i>domicilium citandi et executandi</i>)	
<p>We, the undersigned trustees and (<i>where applicable</i>) managing agent of the body corporate of the above scheme give notice that, in accordance with the requirements of the Act and the rules of the scheme, the body corporate has changed its <i>domicilium citandi et executandi</i>, its address for service of any process, to the above address.</p>	<p>Effective date of address change:</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D / M M / Y Y Y Y </p> <p>(to be inserted by Service)</p>



1st Floor Building A, 63 Wierda
Road East, Wierda Valley
Sandton

T: +27 (010) 593 0533
F: +27 (010) 590 6154

www.csos.org.za

Fraud Hotline 0800 701 701

To be signed by two trustees and any managing agent:

Name:	Capacity:
Signature:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D / M M / Y Y Y Y
Name:	Capacity:
Signature:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D / M M / Y Y Y Y
Name:	Capacity:
Signature:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D / M M / Y Y Y Y

Confirmation of lodgment of notification:

For Chief Ombud – Community Scheme Ombud Service

Name:	Capacity:
Signature:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D / M M / Y Y Y Y