

## 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 No:

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:

**Tick Applicable** ✓

Sectional Title Development  Homeowners Association

Housing Scheme for Retired Persons  Share Block Company

Housing Cooperative  Other (please specify)

### PERSON / ASSOCIATION MAKING THE APPLICATION (APPLICANT):

**Tick Applicable** ✓

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

### DETAILS OF PERSON(S) / COMMUNITY SCHEME YOU ARE MAKING THE APPLICATION AGAINST:

**(If more than one person, please state details under additional information)**

Details:

Address:

Tel No: (home/work):

Email:

**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.

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**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.

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**RELIEF SOUGHT:**

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

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