

<b>APPLICATION FOR DISPUTE RESOLUTION FORM</b>
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Kindly complete the form in a legible manner and all pages must be completed.

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**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:

- |   |   |
|---|---|
| <input type="checkbox"/> Sectional Title Development        | <input type="checkbox"/> Share Block Company          |
| <input type="checkbox"/> Homeowners Association             | <input type="checkbox"/> Housing Cooperative          |
| <input type="checkbox"/> Housing Scheme for Retired Persons | <input type="checkbox"/> Other (please specify) _____ |

Person / Association making the application (Applicant):

- |   |   |
|---|---|
| <input type="checkbox"/> Owner              | <input type="checkbox"/> Sectional Title Trustees                   |
| <input type="checkbox"/> Occupier           | <input type="checkbox"/> Management Association for Retired Persons |
| <input type="checkbox"/> Management Agent   | <input type="checkbox"/> Other (please specify) _____               |
| <input type="checkbox"/> Board of Directors |   |

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?

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Radio    | <input type="checkbox"/> Newspaper                    |
| <input type="checkbox"/> Website  | <input type="checkbox"/> Other Ombudsman              |
| <input type="checkbox"/> Internet | <input type="checkbox"/> By word of mouth             |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Other (please specify) _____ |

Person / Association the application is against (Respondent):

- |   |   |
|---|---|
| <input type="checkbox"/> Owner              | <input type="checkbox"/> Sectional Title Trustees                   |
| <input type="checkbox"/> Occupier           | <input type="checkbox"/> Management Association for Retired Persons |
| <input type="checkbox"/> Management Agent   | <input type="checkbox"/> Other (please specify) _____               |
| <input type="checkbox"/> Board of Directors |   |

**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:

	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <span style="font-size: 20px; margin: 0 5px;">/</span> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <span style="font-size: 20px; margin: 0 5px;">/</span> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>D</span> <span>D</span> <span>M</span> <span>M</span> <span>Y</span> <span>Y</span> <span>Y</span> <span>Y</span> </div>
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**Additional Information**
