

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.

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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ADDITIONAL INFORMATION:

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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:

/ /
(dd/mm/yy)