

## 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.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

**RELIEF SOUGHT:**

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

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

