



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

FORM CS3A

**COMMUNITY SCHEME OMBUD SERVICE ACT, 2011 (ACT NO 09 OF 2011):
REGULATION**

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

APPLICATION FOR WAIVER OF FEES FOR INDIVIDUALS	
<p>This application is only to be used if you consider that you do not have the financial capacity to pay for the prescribed fee as set out in the Community Scheme Ombud Service Act, 2011 (Act No 9 of 2011)</p>	
<p>PART A</p> <p>Applicant's information</p>	<p>Name:</p> <p>Physical Address:</p> <p>Postal Address:</p> <p>Suburb:</p> <p>Municipality:</p> <p>Province:</p> <p>Telephone number:</p> <p>Facsimile:</p> <p>Email:</p> <p>Community Scheme name:</p>
<p>PART B</p>	<p>Basis for application:</p>



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<p>The basis for application of waiver of fee</p> <p><i>(explain why you seek this waiver. If insufficient space, attach separate A4 sheet)</i></p>			
			
			
			
			
			
			
			
			
			
			
			
			
			
<p>PART C For approval for a fee to be waived, you need to show that your income, day-to-day living expenses, liabilities and assets are at such that level that payment of</p>	INCOME AND ASSETS		EXPENDITURE AND LIABILITIES	
	INCOME		Expenditure	
	Salary	R	Food	R
	Rent received	R	Mortgage/rent	R
	Other income (include any child support/spouse maintenance received etc.)	R	Electricity, water, rates, (municipal)	R
	ASSETS		Medical expenses	R
	Immovable		Children's expenses (child support, school fees)	R
	Residence	R	Other (specify)	R
	Other	R	TOTAL EXPENDITURE	R



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a fee would cause you hardship. Please complete and attach proof. Attach extra page if necessary. (Please note that if an applicant is married in community of property, the spouse income, assets, expenditure and liabilities must be included)	Movable		LIABILITIES	
	Vehicle	R	Loans	R
	Furniture	R		
	Other			
	Intangible assets		TOTAL LIABILITIES	R
	Shares	R		
	Managed investment	R		
TOTAL =			TOTAL =	

PART D

SIGNATURE AND DATE: I hereby certify that the details above are true and correct and undertakes to immediately inform the Service of any changes. I understand that a false declaration could lead to the suspension or cancellation of waiver.

Signature of Applicant: Date:
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