

FORM B - NOTIFICATION OF AMENDMENT OF RULES

Sectional Titles Schemes Management Act 2011 – Section 10(5)(a)

CSOS Registration Number

SCHEME DETAILS:

Name of Scheme:

Sectional Scheme (Number/Year): / (first number, if more than one)

Local Municipality Name:

TO: COMMUNITY SCHEME OMBUD SERVICE

We, the undersigned trustees and (where applicable) managing agent of the body corporate of the above scheme give notice that, in accordance with the requirements of the Act and the rules of the scheme and on the following date, the body corporate made the rules set out in the schedule attached to this notice and initialed by us for identification.

Date rules adopted: / / (to be inserted before signature)
(dd/mm/yy)

TO BE SIGNED BY TWO TRUSTEES AND ANY MANAGING AGENT:

Name:

Capacity:

Signature: Date: / / (dd/mm/yy)

Name:

Capacity:

Signature: Date: / / (dd/mm/yy)

Name:

Capacity:

Signature: Date: / / (dd/mm/yy)

CONFIRMATION OF LODGMENT OF NOTIFICATION:

For Chief Ombud – Community Scheme Ombud Service

Name:

Capacity:

Signature: Date: / / (dd/mm/yy)