



Berkley Office Park, 8 Bauhinia Street,
Highveld Techno Park, Centurion

T: +27 (010) 593 0533
F: +27 (010) 590 6154

www.csos.org.za

Fraud Hotline 0800 701 701

FORM CS3B

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 COMMUNITY SCHEMES | |
|---|---|
| <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>Community Scheme:</p> <p>Community Scheme Registration number with Service:</p> <p>Monthly levy payable to the Community Scheme:</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>PART B</p> <p>The basis for application of waiver of fee</p> | <p>Basis for application:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> |



Affordable Reliable Justice

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| | | | | |
|--|--------------------------|--------------------------|------------------------------------|---|
| <p>(explain why you seek this waiver. If insufficient space, attach separate A4 sheet)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> | INCOME AND ASSETS | | EXPENDITURE AND LIABILITIES | |
| | INCOME | | Expenditure | |
| | | R | | R |
| | | R | | R |
| | | R | | R |
| | ASSETS | | | R |
| | Immovable | | | R |
| | | R | | R |
| | R | TOTAL EXPENDITURE | | R |
| Movable | | LIABILITIES | | |
| | R | | R | |
| | R | | | |
| Intangible assets | | TOTAL LIABILITIES | | R |
| | R | | | |



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| | | | | |
|--|-----------------------|-----------------|-----------------------|--|
| <p>and attach proof. Attach extra page if necessary. Please attach a copy of the financial statement of the community scheme.</p> | | <p>R</p> | | |
| | <p>TOTAL =</p> | | <p>TOTAL =</p> | |

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. I declare that I am authorised to sign this form on behalf of the community scheme by virtue of a Special Resolution attached to this Application.

Signature of Applicant:

Date: