

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?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

ADDITIONAL INFORMATION:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

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)