

## Completed forms must be emailed to

Gauteng, Limpopo and North West - gp-complaints@csos.org.za KwaZulu-Natal, Free State and Mpumalanga - kzn-complaints@csos.org.za Western Cape, Eastern Cape and Northern Cape - wc-complaints@csos.org.za

Affordable Reliable Justice

## **APPLICATION FOR DISPUTE RESOLUTION FORM**

Kindly complete the form in a legible manner and all pages must be completed.

| DETAILS  | 0    | FΡ    | ER       | sc        | N    | M    | ΑK      | INC      | F T | HIS      | AF           | PL   | IC <i>F</i> | ATIO | NC:  | :     |          |       |       |      |           |     |       |      |      |            |      |       |          |            |      |            |          |        |                   |
|--|------|-------|----------|-----------|------|------|---------|----------|-----|----------|--------------|------|-------------|------|------|-------|----------|-------|-------|------|-----------|-----|-------|------|------|------------|------|-------|----------|------------|------|------------|----------|--------|-------------------|
| Please fil   | l ir | ı Blo | ock      | Le        | ette | rs   |         |          |     |          |              |      |             |      |      |       |          |       |       |      |           |     |       |      |      |            |      |       |          |            |      |            |          |        |                   |
| Full Name  | es:  | Γ     |          | T         |      |      |         | Π        |     |          | Τ            |      |             |      |      |       |          |       |       |      |           |     |       |      |      |            |      | Γ     | Π        | T          |      |            |          |        | $\neg$            |
| Surname:   |      | Ť     | Ì        | İ         | Ī    |      |         |          |     | İ        | İ            |      |             |      |      |       |          | Ħ     |       |      |           |     |       |      |      |            |      | İ     | İ        | İ          | İ    |            | Ť        | İΤ     |                   |
| ID Numbe   | er:  | Ī     | Ť        | Ť         | i    |      | Ī       | Ī        | Ī   | Ì        |              | Ì    |             |      |      | Ī     |          |       |       |      |           |     |       |      |      |            | •    |       | •        | •          |      |            |          |        |                   |
| Tel No: (ho  | om   | ne/w  | ork)     | : [       | Ì    |      | Ì       | İ        | İ   | Ì        | Ì            | Ì    | Ì           | İ    | İ    | Ī     | ] c      | ell F | Pho   | ne:  |           |     |       |      |      |            |      |       |          |            |      |            |          |        |                   |
| Email:   |      |       |          | Ť         | Ť    |      | Ī       | İ        | Ì   |          | T            | Ī    |             |      |      |       |          |       |       |      |           |     |       |      |      |            | Ī    | Ī     | T        | T          | Ť    | Ť          | Ì        | Ħ      |                   |
| Race:  |      |       |          | ĺ         |      |      |         |          |     |          |              |      |             |      |      |       | A        | ge:   |       |      |           | G   | enc   | ler: |      |            |      |       |          |            |      | İ          |          |        |                   |
| ADDRES   | S:   |       |          |           |      |      |         |          |     |          |              |      |             |      |      |       |          |       |       |      |           |     |       |      |      |            |      |       |          |            |      |            |          |        |                   |
| Name of S  | Sch  | neme  | e: [     | T         | 1    |      | ī       | Ī        | T   | T        | T            | Π    |             |      |      | П     | Π        |       |       |      |           | Π   |       |      |      |            |      | 1     | Un       | it N       | lo:  |            | T        | П      | $\overline{\Box}$ |
| Street Nar   | me   | :     | Ť        | T         | ᆿ    |      | Ħ       | Ħ        | Ħ   | Ħ        | Ħ            | Ħ    | <u> </u>    |      |      | Ħ     | <u> </u> |       |       |      |           |     | H     |      |      |            | T    | T     | Г        | Т          | T    | T          | t        | $\Box$ | 71                |
| Suburb:  | Г    | ╁     | Ť        | t         |      |      |         | t        | i   | t        | <del> </del> |      |             |      |      |       |          |       |       |      |           |     |       |      |      |            |      |       | Ħ        | Ħ          | T    | Ť          | t        | Ħ      |                   |
| City:  | F    | Ť     | Ť        | Ť         | T    |      |         | Ħ        |     |          |              |      |             |      |      |       |          | H     |       | =    | 〓         |     |       |      |      |            |      |       |          | Ħ          | t    | Ť          | t        | Ħ      |                   |
| Province:  |      | Ť     | T        | İ         |      |      |         |          |     |          |              |      |             |      |      |       |          |       |       |      |           |     |       |      |      | P          | osta | al Co | ode      | :          |      | T          | İ        |        |                   |
| POSTAL ADDRESS OF APPLICANT (IF DIFFERENT FROM ABOVE): |      |       |          |           |      |      |         |          |     |          |              |      |             |      |      |       |          |       |       |      |           |     |       |      |      |            |      |       |          |            |      |            |          |        |                   |
|  |      | אטנ   | (ES      | 5         | OF   | - А  | PP      | LIC      | AI  | _        |              |      | FE          | KE   | N I  | FK    |          | AE    | 5O\   | /E): |           |     |       |      |      |            |      |       |          | _          | _    | _          | _        |        |                   |
| PO Box N   | lo:  | Ļ     | <u> </u> | <u> </u>  | _    |      |         | <u> </u> |     | j s      | ubu          | rb:  |             |      |      |       |          | Щ     |       |      | _         |     |       |      |      |            |      |       | <u> </u> | <u> </u>   | Ļ    | $\perp$    | <u> </u> | Щ      | 4                 |
| City:  | Ļ    | +     | <u> </u> | <u> </u>  | 4    |      |         |          |     | <u> </u> |              |      |             |      |      |       |          | Щ     |       |      |           |     |       |      |      |            |      |       |          |            | Ļ    | <u> </u>   | <u> </u> | Щ      | 4                 |
| Province:  |      |       |          |           |      |      |         |          |     |          |              |      |             |      |      |       |          |       |       |      |           |     |       |      |      | Р          | osta | al C  | ode      | <b>:</b> : |      |            |          |        |                   |
| THE APP  | LI   | CA    | ΓΙΟ      | N         | PΕ   | RT   | ΙΑ      | NS       | ТО  | W        | HIC          | :H 1 | ΥF          | E (  | OF   | СО    | ΜN       | IUN   | ΙΤ    | / S  | СНІ       | ΕM  | ΕL    | IVI  | NG   | :          |      |       |          |            |      |            |          |        |                   |
| Tick Appl  | lica | able  | ✓        |           |      |      |         |          |     |          |              |      |             |      |      |       |          |       |       |      |           |     |       |      |      |            |      |       |          |            |      |            |          |        |                   |
| Sec  | ctic | nal   | Title    | D         | eve  | elo  | pme     | ent      |     |          |              |      |             |      |      |       | Н        | lome  | eow   | ner  | s As      | sso | ciati | on   |      |            |      |       |          |            |      |            |          |        |                   |
| Hou  | ısi  | ng S  | che      | m         | e fo | or F | Reti    | red      | Per | sor      | ıs           |      |             |      |      |       | s        | hare  | e Bl  | ock  | Со        | mpa | any   |      |      |            |      |       |          |            |      |            |          |        |                   |
| Hou  | ısi  | ng C  | oop      | er        | ativ | /e   |         |          |     |          |              |      |             |      |      |       | c        | the   | · (pl | eas  | e s       | pec | ify)  |      |      |            |      |       |          |            |      |            |          |        |                   |
| PERSON   | 1    | ASS   | 00       | :14       | ΙΤΙ  | 010  | J M     | AK       | INC | з т      | ΉE           | AP   | PL          | ICA  | TIC  | ) NC  | (AF      | PL    | IC.A  | NT   | `):       |     | _     |      |      |            |      |       |          |            |      |            |          |        |                   |
| Tick Appl  |      |       |          |           | •    |      |         |          |     |          |              |      |             |      |      |       | (,       |       |       |      | <u>/·</u> |     |       |      |      |            |      |       |          |            |      |            |          |        |                   |
| Ow   |      |       |          |           |      |      |         |          |     |          | 10           | ccup | oier        |      |      |       |          |       |       |      |           | Ма  | anag  | gem  | nent | : Aq       | ent  |       |          |            |      |            |          |        |                   |
| Boa  | ard  | of E  | Dire     | cto       | rs   |      |         |          |     |          | ╡            | -    |             |      | e Tr | ruste | ees      |       |       | ĺ    |           |     |       |      |      | _          |      |       | on f     | or F       | Reti | ired       | Pers     | sons   |                   |
| Oth  | er   | (ple  | ase      | sp        | ес   | ify) |         |          |     |          | _            |      |             |      |      |       |          |       |       |      |           |     | ,     |      |      |            |      |       |          |            |      |            |          |        |                   |
|  | _    |       |          | ~         | _    |      | <u></u> | _        | _   |          |              | ,, , |             |      |      | ~     |          |       |       |      | ,         |     | , ,   |      |      |            |      | , ,   |          |            |      |            |          |        |                   |
| HAS LEG  | jΑ   | L P   | RO       | CE        | 11   | ווכ  | \G      | S B      | EE  | ΝI       | NS           | ΠΤ   | JT          | ΞD   | I.E. | . SL  | JMI      | ION   | NS,   | AD   | IM        | NIS | STR   | AT   | 101  | <b>N</b> O | RD   | ER    | R H      | ER         | EII  | <b>N</b> : |          |        |                   |
| Yes  | s    |       |          |           |      |      |         |          |     | No       |              |      |             |      |      |       | _ N      | lot s | ure   |      |           |     |       |      |      |            |      |       |          |            |      |            |          |        |                   |
| DETAILS  | 0    | FΡ    | ER       | SC        | NC   | (S)  | / (     | COI      | ИM  | UN       | ITY          | SC   | HE          | ME   | Y    | ΟU    | AR       | EN    | IAI   | (IN  | G T       | THE | A     | PPI  | _IC  | ΑTI        | 101  | I A   | GΑ       | INS        | ST:  |            |          |        |                   |
| (If more   | th   | an (  | one      | р         | ers  | sol  | n, p    | olea     | se  | sta      | ate          | det  | ails        | ur   | nde  | r ac  | ddi      | tion  | al    | info | rm        | ati | on)   |      |      |            |      |       |          |            |      |            |          |        |                   |
| Details:   |      |       |          | $\rfloor$ |      |      |         |          |     |          |              |      |             |      |      |       |          |       |       |      |           |     |       |      |      |            |      |       |          |            |      |            |          |        |                   |
| Address:   |      |       |          |           |      |      |         |          |     |          |              |      |             |      |      |       |          |       |       |      |           |     |       |      |      |            |      |       |          |            |      |            |          |        |                   |
|  | - 1  |       |          |           |      |      |         |          |     |          |              |      |             |      |      |       |          |       |       |      |           |     |       |      |      |            |      |       |          |            |      |            |          |        |                   |
|  | Ĺ    |       |          | Ţ         |      |      |         | L        | L   | L        | L            |      |             |      | Tel  | No    | : (h     | ome   | /wo   | rk): |           |     |       |      |      |            |      |       |          |            | L    |            |          |        |                   |

| 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:  |
| /   |