

Completed forms must be emailed to registration@csos.org.za or submitted at the nearest CSOS office.

## FORM CS 1 - Registration of Community Schemes (Section 59 (b) (iii))

COMMUNITY SCHEMES OMBUD SERVICE ACT, 2011 (ACT NO 09 OF 2011)

For office use:																									
Registration number:													Ī												
All required document	All required documents attached: Yes No Levies paid: Yes No																								
SECTION 1 – PART	ICUL	AR																							
	Any change to the details herein must be communicated to the Service by filling in Form CS 1A.																								
Authorisation by the Executive Committee of the Scheme must be attached nominating the authorised person.																									
Name of the Community Scheme:  Type of the Community Scheme:															+										
Type of the Community Scheme:															+										
Number of units within Community Scheme:															+										
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SECTION 2 - GOVE	ERNA	NCI	E DO	CUME	NT																				
Please indicate which of the documents regulate management of the community scheme. Copies of the documents to be attached to the form as an Annexures. Any change to the any of the Governance documents must be communicated to the Service by submitting Form CS A1																									
Tick applicable docu	ıment	✓																							
Rules:	Cons	stitut	tion:		Re	gulati	ons:			Me	mor	andı	um d	of In	cor	pora	tion	(Ar	ticle	es):					
Memorandum of Inco	rporation	on (/	Article	s):	Me	emora	ndun	n of	Inco	orpora	tion	(Art	icles	s):						•					
Use Agreement (Share Block Schemes): Any other governance document:																									
SECTION 3 – Executive Committee																									
Names and details of the Trustees of a Sectional Title Body Corporate, the Board of Directors of a Share Block Company or management association of the Housing Scheme for Retired Persons or trustees of an Association. Any change to the representative must be communicated to the Service by submitting Form CSA1 attached hereto. A copy of the Resolution appointing the Executive Committee.																									
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The information must be accompanied by a registration document of the comagent is am individual, close corporate or a trust, information relating to that me Company Name:  Company Resigtration Number:  Business Address:  Postal Address:  Telephone:  Email:  Authorised Representative:  SECTION 5 – FINANCIALS  Copy of the audited annual financial statement must be attached annually. the	anaging agent must be provided.													
The information must be accompanied by a registration document of the comagent is am individual, close corporate or a trust, information relating to that modern company Name:  Company Resigtration Number:  Business Address:  Postal Address:  Telephone:  Email:  Authorised Representative:  Copy of the audited annual financial statement must be attached annually. the Form CS2 attached hereto. A schedule of levies payable by each unit must be	anaging agent must be provided.													
The information must be accompanied by a registration document of the comagent is am individual, close corporate or a trust, information relating to that meaning to that meaning to the company Name:  Company Resigtration Number:  Business Address:  Telephone:  Telephone:  Email:  Authorised Representative:  Copy of the audited annual financial statement must be attached annually. the Form CS2 attached hereto. A schedule of levies payable by each unit must be Annual financial statement attached:  Appointed registered Auditors:	anaging agent must be provided.													
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The information must be accompanied by a registration document of the comagent is am individual, close corporate or a trust, information relating to that m Company Name:  Company Resigtration Number:  Business Address:  Postal Address:  Telephone:  Authorised Representative:  Copy of the audited annual financial statement must be attached annually. the Form CS2 attached hereto. A schedule of levies payable by each unit must be Annual financial statement attached:  Appointed registered Auditors:  Banking details: Name of Bank:  Account number:  Authorised signatory for banking:  Financial year end for the community scheme:  Indicate the community of levies payable per unit):  Fidelity funds details (Provide separate Annexure where necessary):  Indicate the community of the community:  Indicate the community of levies payable per unit):  Fidelity funds details (Provide separate Annexure where necessary):	anaging agent must be provided.													

## SECTION 6 – AUTHORISED REPRESENTATIVE Attach a copy of authorisation from the Schemes Executive Committee authorising the nominated representative and the signatory to the application. This person will act as a contact person between the Service and the Community Scheme. Any changes to the

Attach a co to the appl particulars		s pe	erso	n w	ill a	ct a	s a	cor	ıtac	t pe	erso	n b	etw	een	the	Se																
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SECTION	7 – SOLE	MN	I DE	ECL	_AF	RAT	101	V																								
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of applicable legislation or common law have been complied with in respect of the formation of the Community Scheme and the information contained herein is true and correct to the best of my knowledge.																																
Signature:																																
o.ga.a.o.																																
SECTION	8 – SUPP	POR	RTIN	IG I	DO	CU	ME	NT	S																							
Either of the	following c	locu	mer	nts r	mus	st be	e att	ach	ed 1	to th	nis t	his	app	lica	ition	. wl	here	ap	plic	able	e. A	nv c	har	ae	to t	he o	docı	ume	ents	mı	ıst ˈ	be
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Use Agreement

Schedule of levies payable by each unit within the community scheme