

NOTIFICATION OF AMENDMENT OF RULES (FORM B)

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

Scheme details:	
Name of scheme:	
SS number:	
Local municipality:	

To:
The Community Scheme Ombud Service:

<p>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.</p>	<p>Date rules adopted:</p> <table style="width: 100%; text-align: center;"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> <p><i>(to be inserted before signature)</i></p>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D	D	/	M	M	/	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												
D	D	/	M	M	/	Y	Y	Y	Y												

Signature:	
<i>To be signed by two trustees and any managing agent:</i>	
Name:	Capacity:
Signature:	Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D / M M / Y Y Y Y
Name:	Capacity:
Signature:	Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D / M M / Y Y Y Y
Name:	Capacity:
Signature:	Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D / M M / Y Y Y Y

Signature:	
<i>For Chief Ombud - Community Schemes Ombud Service:</i>	
Name:	Capacity:
Signature:	Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D / M M / Y Y Y Y

Completed forms must be emailed to: sectionaltitles@csos.org.za