

NOTIFICATION OF CHANGE OF BODY CORPORATE ADDRESS (FORM A)

Sectional Titles Schemes Management Act, 2011 - Section 3(1)(o)

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

To:

1. Community Schemes Ombud Service
2. Local municipality: _____ (insert name)
3. Registrar of Deeds: _____ (insert place)

Address Details:	
<i>(Insert below the body corporate's physical service address, its domicilium citandi et executandi)</i>	
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, the body corporate has changed its <i>domicilium citandi et executandi</i> , its address for the service of any notice or legal process, to the above address.	Effective date of address change: <div style="text-align: center;"> <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 </div> <i>(to be inserted by Service)</i>

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