

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:

All required documents attached: Yes No Levies paid: Yes No

SECTION 1 – PARTICULAR

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:

Number of units within Community Scheme:

Province: Municipality:

City: Suburb:

Physical address:

Postal address:

Telephone: Facsimile:

Email:

SECTION 2 – GOVERNANCE DOCUMENT

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 document ✓

Rules: Constitution: Regulations: Memorandum of Incorporation (Articles):

Memorandum of Incorporation (Articles): Memorandum of Incorporation (Articles):

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.

Full Names:

ID Number: Telephone:

Physical address:

Date of Appointment: / / (dd/mm/yy)

Full Names:

ID Number: Telephone:

Physical address:

Date of Appointment: / / (dd/mm/yy)

Full Names:	<input type="text"/>	
ID Number:	<input type="text"/>	Telephone: <input type="text"/>
Physical address:	<input type="text"/>	
	<input type="text"/>	Date of Appointment: <input type="text"/> / <input type="text"/> / <input type="text"/> <i>(dd/mm/yy)</i>
Full Names:	<input type="text"/>	
ID Number:	<input type="text"/>	Telephone: <input type="text"/>
Physical address:	<input type="text"/>	
	<input type="text"/>	Date of Appointment: <input type="text"/> / <input type="text"/> / <input type="text"/> <i>(dd/mm/yy)</i>
Full Names:	<input type="text"/>	
ID Number:	<input type="text"/>	Telephone: <input type="text"/>
Physical address:	<input type="text"/>	
	<input type="text"/>	Date of Appointment: <input type="text"/> / <input type="text"/> / <input type="text"/> <i>(dd/mm/yy)</i>
Full Names:	<input type="text"/>	
ID Number:	<input type="text"/>	Telephone: <input type="text"/>
Physical address:	<input type="text"/>	
	<input type="text"/>	Date of Appointment: <input type="text"/> / <input type="text"/> / <input type="text"/> <i>(dd/mm/yy)</i>

SECTION 4 – MANAGING AGENT

The information must be accompanied by a registration document of the company appointed as Managing Agent. If the managing agent is an individual, close corporate or a trust, information relating to that managing agent must be provided.

Company Name:	<input type="text"/>	
Company Registration Number:	<input type="text"/>	
Business Address:	<input type="text"/>	
	<input type="text"/>	
Postal Address:	<input type="text"/>	
Telephone:	<input type="text"/>	Facsimile: <input type="text"/>
Email:	<input type="text"/>	
Authorised Representative:	<input type="text"/>	

SECTION 5 – FINANCIALS

Copy of the audited annual financial statement must be attached annually. The community scheme must submit a return by filling in Form CS2 attached hereto. A schedule of levies payable by each unit must be attached.

Annual financial statement attached:	<input type="checkbox"/>	Appointed registered Auditors:	<input type="text"/>
Banking details: Name of Bank:	<input type="text"/>		
Account number:	<input type="text"/>		
Authorised signatory for banking:	<input type="text"/>		
Financial year end for the community scheme:	<input type="text"/> / <input type="text"/> / <input type="text"/>	<i>(dd/mm/yy)</i>	
Total levy amount paid by each unit (<i>Attach a schedule of levies payable per unit</i>):	<input type="text"/>		
Fidelity funds details (<i>Provide separate Annexure where necessary</i>):	<input type="text"/>		
Address where the financial records are kept:	<input type="text"/>		
	<input type="text"/>		

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 particulars must be communicated to the Service by filling in Form CS1A.

Full Names of the nominee:

ID Number:

Residential address:

Postal address:

Telephone: Facsimile:

Email:

SECTION 7 – SOLEMN DECLARATION

I, the undersigned authorised representative.....
 identity number.....do hereby solemnly declare that all the requirements
 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:

SECTION 8 – SUPPORTING DOCUMENTS

Either of the following documents must be attached to this this application, where applicable. Any change to the documents must be communicated to the Service by filling in Form CS1A.

- Certificate of incorporation
- Constitution
- Rules
- Articles
- Memorandum of incorporation
- Terms and conditions of the Community Scheme
- Any other governance document
- Copy of registration certificate with CIPC
- Copy of the Title Deed
- Use Agreement
- Schedule of levies payable by each unit within the community scheme