Community Schemes Ombud Service
Affordable Reliable Justice

1st Floor Building A, 63 Wierda Road East, Wierda Valley
Sandton

T: +27 (010) 593 0533
F: +27 (010) 590 6154

www.csos.org.za

Fraud Hotline 0800 701 701

FORM CS3A

COMMUNITY SCHEME OMBUD SERVICE ACT, 2011 (ACT NO 09 OF 2011): REGULATION

Completed forms must be emailed to waiver@csos.org.za

APPLICATION FOR WAIVER OF FEES FOR INDIVIDUALS	
This application is only to be used if you consider that you do not have the financial capacity to pay for the prescribed fee as set out in the Community Scheme Ombud Service Act, 2011 (Act No 9 of 2011)	
PART A **Applicant's information**	Name: …… Physical Address: …… Postal Address: …… Suburb: …… Municipality: …… Province: …… Telephone number: …… Facsimile: …… Email: …… Community Scheme name: ……
PART B	**Basis for application:** **……**

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The basis for application of waiver of fee **(***explain why you seek this waiver. If insufficient space, attach separate A4 sheet)*	…… …… …… …… …… …… …… …… …… …… …… …… ……

PART C
For approval for a fee to be waived, you need to show that your income, day-today living expenses, liabilities and assets are at such that level that payment of

INCOME AND ASSETS		**EXPENDITURE AND LIABILITIES**	
INCOME		**Expenditure**	
Salary	**R**	Food	**R**
Rent received	**R**	Mortgage/rent	**R**
Other income (include any child support/spouse maintenance received etc.)	**R**	Electricity, water, rates, (municipal)	**R**
ASSETS		Medical expenses	**R**
Immovable		Children's expenses (child support, school fees	**R**
Residence	**R**	Other (specify)	**R**
Other	**R**	**TOTAL EXPENDITURE**	**R**

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a fee would cause you hardship. Please complete and attach proof. Attach extra page if necessary. (*Please note that if an applicant is married in community of property, the spouse income, assets, expenditure and liabilities must be included)*	**Movable**		**LIABILITIES**	
	Vehicle	**R**	**Loans**	**R**
	Furniture	**R**		
	Other			
	Intangible assets		**TOTAL LIABILITIES**	**R**
	Shares	**R**		
	Managed investment	**R**		
	TOTAL =		**TOTAL =**	

PART D
SIGNATURE AND DATE: I hereby certify that the details above are true and correct and undertakes to immediately inform the Service of any changes. I understand that a false declaration could lead to the suspension or cancellation of waiver.

Signature of Applicant: …….. Date: ……