
GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

DEPARTMENT OF HUMAN SETTLEMENTS

NO. R. XXX

02 OCTOBER 2015

**COMMUNITY SCHEMES OMBUD SERVICE ACT, 2011(Act No.9 of 2011)
REGULATIONS FOR FEES AND LEVIES ON COMMUNITY SCHEMES OMBUD
SERVICE****PUBLICATION FOR COMMENT**

I, Lindiwe Sisulu, Minister of Human Settlements hereby, after consultation with Parliament, made the regulations in the Schedule in terms of section 29 (1) (b), (c), (d) and (e) of the Community Schemes Ombud Service Act, 2011(Act No. 9 of 2011).

Any person wishing to comment on or to make representation with regard to the draft regulations, are hereby invited to do so within 30 days of the date of publication of this notice. All such comments or representations must be submitted in writing in one of the following ways:

(a) By post to: The Director-General
 Department of Human Settlements
 Private Bag x 644
 Pretoria, 0001
 For attention: [Mr T Khambule].

(b) Delivered to: The Director-General
 Department of Human Settlements
 [Justice Mohammed Street, Govan Mbeki Building]
 For attention: [Mr T Khambule]

(c) By electronic mail: [Tsulani.Khambule@dhs.gov.za].

Enquiries: [Mr T Khambule 012 444 9088]

Comments received after the closing date may not be considered.

Lindiwe Nonceba Sisulu
Minister of Human Settlement

GOVERNMENT NOTICE

No. R. ____

_____ 2015

DEPARTMENT OF HUMAN SETTLEMENTS

COMMUNITY SCHEMES OMBUD SERVICE ACT, 2011 (Act No. 9 of 2011)

REGULATIONS ON COMMUNITY SCHEMES OMBUD SERVICE

In terms of Section 29 () (b),(c),(d) and (e), it is hereby published for general notice that as of date of proclamation of this notice, the Community Scheme Ombud Service, will charge levies and fees as set out in the schedule herein

Lindiwe Nonceba Sisulu

Minister of Human Settlements

SCHEDULE**ARRANGEMENT OF REGULATIONS****CHAPTER 1****INTERPRETATION****CHAPTER 2****LEVIES AND FEES PAYABLE**

2. Levies payable by a unit within the community scheme payable for the use of the Service in terms of section 29 (1) (b) of the Act
3. Application, Adjudication and other fees payable for the use of the Service in terms of section 29 (1) (d) of the Act

CHAPTER 3**DISCOUNT AND WAIVERS**

4. Discounts and waivers in terms of section 29(1)(c) and (e) of the Act

Annexures

Form CS 3A – Application of waiver of fees by Community Schemes.

Form CS 3B – Application of waiver of fees by individuals.

CHAPTER 1

1. Definitions:

In this Schedule “the Act” means the Community Schemes Ombud Service Act no 9 of 2011;

In this Schedule “the Regulations” means the Regulations on Community Schemes Ombud Service Act, 2011 (Act no 9 of 2011) promulgated by Government Notice;

CHAPTER 2

SCHEDULE OF LEVIES AND FEES

2. Levies payable by a unit within a community schemes and time frame in terms of section 29 (1) (b) of the Act

(1) The prescribed monthly levy payable by every unit within a community scheme is as follows:

Municipal Valuation of Unit	Monthly Levy Payable
Zero to R 500 000	R 0.00
R 500 001 to R600 000	R 3.40
R600 001 to R 700 000	R 6.80
R700 001 to R 800 000	R10.20
R800 001 to R 900 000	R13.60
R900 001 to R 1 000 000	R17.00
R 1 000 001 to R1 250 000	R25.50
R 1 250 001 to R1 500 000	R34.00
R1 500 001 to R1 750 000	R42.50
R 1 750 001 to R 2 000 000	R51.00
R 2 000 001 to R 2 250 000	R59.50
R 2 250 001 to R 2 500 000 and above	R68.00

3. Application, Adjudication and other Fees payable for the use of the Service in terms of section 29 (1) (d) of the Act

- | | |
|---|---------|
| (1) Fee payable at Application | R50. 00 |
| (2) Fee payable for Adjudication | R100.00 |
| (3) For a copy of any scheme governance documents or any other document obtained electronically or provided by the Service
R8. 00 per copy | |

CHAPTER 3

DISCOUNTS AND WAIVERS

4. Discounts and Waivers in terms of section 29(1)(c) of the Act

(1) Individual units within a community scheme with a total property value not exceeding R500 000 in terms of the municipal valuation roll is entitled to a 100% percentage waiver of the levies.

(2) Any person or category of persons whose monthly net household (gross income less PAYE) income is below R5 500 are entitled to a 100% waiver of application and adjudication fees.

(3) Any person or category of persons who may not qualify in terms of the above criteria may lodge an application for discount and/or waiver for consideration by the Chief Ombud by filling a Form CS3A or CS3B depending on the applicant.

FORM CS3A

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

APPLICATION FOR WAIVER OF FEES FOR INDIVIDUALS				
<p>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)</p>				
<p>PART A Applicant's information</p>	<p>Name:</p> <p>Physical Address:</p> <p>Postal Address:</p> <p>Suburb:</p> <p>Municipality:</p> <p>Province:</p> <p>Telephone number:</p> <p>Facsimile:</p> <p>Email:</p> <p>Community Scheme name:</p>			
<p>PART B The basis for application of waiver of fee <i>(explain why you seek this waiver. If insufficient space, attach separate A4 sheet)</i></p>	<p>Basis for application: </p>			
<p>PART C For approval for a fee to be waived, you need to show that your income, day-to-day living expenses, liabilities and assets are at such that level that payment of a fee would cause you hardship. Please</p>	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	

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)	ASSETS		Medical expenses	R
	Immovable		Children's expenses (child support, school fees)	R
	Residence	R	Other (specify)	R
	Other	R	TOTAL EXPENDITURE	R
	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:

FORM CS3B

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

APPLICATION FOR WAIVER OF FEES FOR COMMUNITY SCHEMES				
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	Community Scheme: Community Scheme Registration number with Service: Physical Address: Postal Address: Suburb: Municipality: Province: Telephone number: Facsimile: Email:			
PART B The basis for application of waiver of fee <i>(explain why you seek this waiver. If insufficient space, attach separate A4 sheet)</i>	Basis for application:			
PART C For approval for a fee to be waived, you need to show that your income, day-to-day expenses, liabilities and assets are at such that level that payment of a fee would cause you hardship.	INCOME AND ASSETS		EXPENDITURE AND LIABILITIES	
	INCOME		Expenditure	
		R		R
		R		R
		R		R
ASSETS			R	

Please complete and attach proof. Attach extra page if necessary. Please attach a copy of the financial statement of the community scheme.	Immovable			R
		R		R
		R	TOTAL EXPENDITURE	R
	Movable		LIABILITIES	
		R		R
		R		
	Intangible assets		TOTAL LIABILITIES	R
		R		
		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. I declare that I am authorised to sign this form on behalf of the community scheme by virtue of a Special Resolution attached to this Application.

Signature of Applicant: Date: