



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](http://www.csos.org.za)

Fraud Hotline 0800 701 701

**FORM CS 2**

**COMMUNITY SCHEMES OMBUD SERVICE ACT, 2011 (ACT NO 09 OF 2011)**

Completed forms must be emailed to [annualreturn@csos.org.za](mailto:annualreturn@csos.org.za)

ANNUAL RETURN OF A COMMUNITY SCHEME (Section 59 (b) )	
<b>For office use:</b>	
<b>Registration number:</b>	_____
<b>All required documents attached:</b>	Yes / No
<b>Levy paid:</b>	Yes / No

Annual return of the ..... (name of Community Scheme)

Approved at the General Meeting held on the .....

COMMUNITY SCHEME PARTICULARS
Name of Scheme: .....
Registration number with Service: .....
Registration date with Services: .....

**EXECUTIVE COMMITTEE**

Name	ID Number	Contact details

**FINANCIALS**

**Audited Annual Financial Statement attached** Yes / No

**Schedule of levy paid by each unit within the community scheme** Yes / No

**Total amount paid** R .....

**AMENDMENT**

**Amendment made on the following details on the registration form**

- 1. ....
- 2. ....

**Amendment form CS A1 Attached to this return**

**DECLARATION**

I, the undersigned authorised representative

.....(full names) Identity

number..... do hereby solemnly declare that all

the information contained herein is true and correct to the best of my knowledge and that I am

authorised to sign this form on behalf of the Community Scheme by virtue of a Resolution dated

.....

Signature: .....

Date: .....