

APPLICATION TO WAIVE OR REDUCE FEES
Section 4 (A) of the Registration (Strata Titles) (Amendment) Act

TRN NO.: _____

NAME OF THE APPLICANT: _____

STRATA PLAN NUMBER: _____

ADDRESS OF CORPORATION: _____

THE PROPRIETORS STRATA PLAN NO. _____ HEREBY APPLY FOR A:

(A) WAIVER

OR

(B) REDUCTION

OF THE _____ FEES .

REASONS FOR THE REQUEST FOR WAIVER OR A REDUCTION OF FEES:

PLEASE SUBMIT ANY DOCUMENTARY EVIDENCE OF MATTERS STATED IN SUPPORT OF YOUR REQUEST.

Member, Executive Committee

Date

Member, Executive Committee

FOR OFFICIAL USE ONLY

DATE RECEIVED: _____

DATE SCHEDULED FOR CONSIDERATION: _____

DECISION TAKEN : _____

