

July 2016

GUARDS – In the case of an **emergency** the number **0837011796** can be used to contact the guards.

YOUR CONTACT DETAILS

We are in the process of updating owners/residents details. The attached form must be completed by the owner and tenant (if applicable). Please leave the completed forms at the gate or email to mail@belleaireplace.co.za. Section B is now mandatory and must be completed prior to gaining access to the complex. Going forward the form must be completed for new tenants (prior to them moving in). Not doing so will result in access being denied.

INSURANCE

Trustees must be made aware of all insurance claims via an e-mail to mail@belleaireplace.co.za. It is the owner's responsibility to call a professional (plumber/electrician) to look into an incident (e.g.) and provide a report (if necessary) on the cause of the incident. A blank insurance claim form is available on the complex website. This form (completed and signed by the owner), a quote/invoice, and report must be sent to the managing agent/trustees for submission to the insurance company **within 30 days (including weekends/public holidays) of the incident**. For further fine print on the terms and conditions, we ask that owners familiarise themselves with the policy.

Previously, owners were asked to pay the excess but due to the administrative burden, we have now changed the process. For a unit owner with an insurance claim and whose levies are up to date, the complete invoice will be paid to the service provider upon reimbursement from the insurance company. The excess will then be charged to the owners levy account. For excess amounts payable, please refer to the insurance policy. . If the claim is rejected, the owner is liable for the full invoice.

For a unit owner with an insurance claim and whose levies are not up to date, the excess must be paid for by the unit owner to the service provider. The necessary claim forms and reports must be submitted, and if the claim is accepted, the service provider will be paid the remaining amount once the claim has been received. If the claim is rejected, the owner is liable for the full invoice.

GARDEN UNITS

Overgrown-Vegetation

The trustees received a complaint from a unit owner regarding an overgrown tree that had pushed the wall of his garden to such an extent that it was restricting access via his garden gate. As per Conduct Rule 12.9, the account for the damage to the adjoining wall was for owner of the unit with the overgrown tree. The trustees wish to advise that even though the cost is for the owner, the wall still has to meet body corporate standards. In the above mentioned scenario a decision was made by the two owners to save the tree, and shrink the size of one garden, a layout which clearly differs from the complex plan. The implications of this decision may only be apparent should the owner of the unit with the smaller garden decide to sell.

The trustees would like to ask all owners with garden units that have vegetation to be pro-active and check their gardens to ensure that there is no damage to common property. If vegetation is already overgrown or likely to grow and become a problem, please ensure that the issues are resolved keeping in mind that if the wall needs to be rebuilt, it must meet body corporate standards.

Garden Services

We have received complaints regarding the work being carried out by the current garden service company, everything from leaving patches of overgrown grass to broken garden gates. We would like to get the company replaced but are tied into a two year contract.

The trustees would like to compile a report and make a formal complaint to the company. If there are no improvements in their service, we would have enough grounds to cancel the contract and approach other gardening service companies. We ask that owners please assist us by forwarding complaints and pictures to mail@belleaireplace.co.za within two weeks of receipt of the newsletter. Failure to do so will result in us not having enough grounds. We should also mention this isn't a campaign against the gardening service but rather an initiative to get better service.

CHILDREN

It has been brought to our attention that children have been riding bicycles unsupervised on the driveway. While there have been no injuries reported, we wish to remind residents of Conduct Rule 3.4 and ask that the rule be adhered to. It has also been brought to our attention that children have been seen jumping over the wall into the pool area. Please refer to Conduct Rule 25.7.

PETS

We have received complaints about dogs barking at night and keeping residents awake. Residents, if you have a dog, please ensure that you have brown shade cloth/or equivalent covering the gate to keep the barking to a minimum. If the complaints continue, the resident may be asked to remove the dog from the property.

COMPLEX TIDINESS

We have received complaints regarding cigarette butts and pet excrement left behind on the common property. Please refer to Conduct Rule 15.

REQUEST ASSISTANCE

Ensuring smooth running of the complex is not an easy task and while the trustees are trying their best, a lot of items are left unattended. With this in mind, we request assistance/volunteers from the owners in order to ensure that we take care of our investments together.

An owner who volunteers, may elect not to be trustee (i.e., no commitment to attend monthly meeting is necessary) but must be in communication with the trustees via a WhatsApp chat group that is currently in place.

We require assistance in the following areas:

An admin person to keep track of residents/owners contact details. We have an excel document but we fear it may be out-dated (by 4-5 months) as the trustee who dealt with this resigned and no one has been able to keep it updated. This person would also be in charge of the pet register.

An owner with construction/building standards experience who we can consult with.

An owner with legal experience who will assist us to keep abreast of legal matters.

Belle Aire Place (www.belleairplace.co.za) - Contact Detail Form

The completed form must be handed to a trustee withing 5 days of receipt failing which:
Administration charges can start accruing to the owner's levy account
Required in terms of clause 1.10 of the conduct rules - please print clearly

- * If you are an owner residing in the complex, Section A and Section B need to contain your details
- * If you are an owner with a tenant, Section A needs to contain your details and Section B needs to contain your tenants details
- * If you are a tenant, please complete Section B only

Section A - Owner

| | |
|-------------|--|
| Unit Number | |
| Fullname | |

Optional Details (In case of emergency)

| | |
|-----------------|--|
| Next of Kin | |
| Contact No. (s) | |

Contact Details

| | | | |
|-----------------------------------|-------|--------------------------|-------------------------------|
| Home No. | | Work No. | |
| Cell No. | | | |
| Postal Address | | | |
| | | | |
| | | | |
| Email Address | | | |
| Preferred method of communication | Email | <input type="checkbox"/> | Post <input type="checkbox"/> |

Section B - Resident/Tenant

| | |
|-----------------|--|
| Unit Number | |
| Fullname | |
| Occupation Date | |

Contact Details

| | | | |
|-----------------------------------|--------------------------------|------------|--------------------------|
| Intercom 1 | | Intercom 2 | |
| Home No. | | Work No. | |
| Cell No. | | | |
| Postal Address | | | |
| | | | |
| | | | |
| | | | |
| Email Address | | | |
| Preferred method of communication | Email <input type="checkbox"/> | Post | <input type="checkbox"/> |

Vehicle Registration

| | | | |
|---|--|-------------|--|
| Vehicle 1 Reg. | | Make/Colour | |
| Vehicle 2 Reg. | | Make/Colour | |
| Vehicle 3 Reg. | | Make/Colour | |
| Vehicle 4 Reg. | | Make/Colour | |
| Extra charge for more than 2 vehicles and/or more than 2 remotes | | | |
| Access remotes: If you already have access remotes, please list the numbers below (engraved on the side of the remote). | | | |
| | | | |

Pet Registration

| | | |
|--|------------------------------|-----------------------------|
| Have Pets?(Please complete a separate application) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| No. of Pets | | |
| Please give a brief description of your pets | | |
| | | |
| | | |
| | | |

Optional Details (In case of emergency)

| | | | |
|--------------------------|--|--|--|
| Next of Kin | | | |
| Contact No. (s) | | | |
| Medical Aid Company Name | | | |
| Member Number | | | |
| Name of Main Member | | | |