Request for payment of emergency

FORM 3 To be completed by the commonhold association and sent to the unit-holder

commonhold assessment

This is a request for payment. Interest will be payable on any late payment. Please refer to the commonhold community statement for further details and, if necessary, get independent advice.

Name of commonhold					
Name of unit-holder					
Address of unit-holder					
Unit number					
Name and address of commonhold association	NAME			ADDRESS	
Registered company number					
Emergency assessment for the commonhold	(in figures)				
Percentage allocated to your unit	(in figures)				
Amount of the emergency assessment allocated to your unit	(in figures)				
You are required to pay the above sum to the commonhold association by	/	1	DD/MM/YY		
An emergency assessment is necessary for the following reasons (use additional sheet if necessary)					
Signed (on behalf of the commonhold association)				Date	
Name (please print)					