

APPLICATION FOR REBATES ON PROPERTY RATES

A. PROPERTY DETAILS

Plot Nr	Site Address	Town
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Account Nr.

B. DETAILS OF THE APPLICANT

Name and Surname

Identity No

Telephone Numbers: Home	Cell
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E-mail

Marital Status ?

C. DETAILS OF SPOUSE

Name and Surname

Identity No

Telephone Numbers: Home	Cell No
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E-mail

D. INCOME

Applicant (Pension)	Spouse
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Other (Specify)	Other (Specify)
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Other (Specify)	Other (Specify)
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Total	Total
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PLEASE NOTE: Proof of income must be attached - latest 3month bank statement / All pay slip & IRP5 - if applicable

I/We declare that I/we receive an income from:

Pension fund:

Pension fund nr:

Other (specify):

I/We declare the above particulars to be true and correct and that I/we do not receive any remuneration other than those declared.

I/We hereby authorize the Saldanhabay Municipality to make any enquiries to the information provided in this application form. I/We also undertake to refund the Saldanha Municipality any rebates, with interest, in the event of misrepresentation or false statement, the Municipality reserves the right to recover any rebates if already granted and to take appropriate legal action, civil or otherwise, against the party (s).

Are you a South African citizen? Yes

No

Are you one of the registered owner/s of this property? Yes

No

Do you occupy the house permanently? Yes

No

Is there more than 1(one) residence/dwelling/house on the property ? Yes

No

Do you let any room or part of the residence/dwelling/house? Yes

No

Are you the registered owner of any other property ? Yes

No

Consent to the South Africa Revenue service(SARS) in terms of section 69(6)(b) of the Tax Administration Act No 28 of 2011(TAA):

I/we, the undersigned Applicant(s), hereby give consent to SARS to disclose my/our information to Saldanha Bay Municipality and the National Department of Cooperative Governance (COGTA) for purposes of verifying the details of my/our income levels that ,I/we have disclosed to the Municipality in support of my/our application for a municipal rates rebates.

Signature of application(s):

Mr.

Miss / Mrs

Date

Undersigned and sworn before Commisioner of Oath at on this

day of

**COMMISSIONER OF
OATH**

E.OFFICE USE

Discount %

Official Name

Signature

Approved By

Signature