



BA-PHALABORWA MUNICIPALITY

APPLICATION FOR REBATE ON PROPERTY RATES

NON PROFIT ORGANISATIONS, RETIRED AND DISABLED PERSONS

APPLICANT NAMES	
MUNICIPAL ACCOUNT NUMBER	
ID NUMBER	
RESIDENTIAL ADDRESS:	<hr/> <hr/>
POSTAL ADDRESS	<hr/> <hr/>
CONTACT NUMBERS:	CELL: _____ TEL: _____
SOURCE OF INCOME (Applicant)	R _____
SOURCE OF INCOME (Spouse)	R _____

IS THE PROPERTY YOUR PRIMARY PLACE OF RESIDENCE?

YES	NO
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DECLARATION

I / We Declare that the information provided above is correct and should the municipality prove that the information is incorrect and misleading, I / we will be disqualified from the rebate and all monies due will be repaid to the municipality with immediate effect.

SIGNATURE

DATE

SUPPORTING DOCUMENTS:

CERTIFIED ID COPIES

PROOF OF INCOME (BANK STATEMENT)

PROOF OF OWNERSHIP

TAX EXEMPTION CERTIFICATE

ADDITIONAL INFORMATION

FOR OFFICE USE

APPROVED

NOT APPROVED

Reasons: _____

Date: _____

Processed By: _____

Date: _____

Chief Financial Officer: _____

Why Wait? Get Tested!!