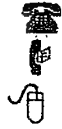


NDLAMBE MUNICIPALITY



Causeway &
47 Campbell Street
P.O. Box 13
Port Alfred 6170



(046) 62411410

(046) 6242727

enquiries@ndlambe.g



Please address all correspondence to The Municipal Manager.

RATES SECTION

APPLICATION FOR A PENSIONER'S / DISABLED PERSON'S PROPERTY RATES REBATE

20 ____ / 20 ____ Financial Year

Retired and disabled persons may qualify for a property rates rebates in accordance with their monthly household income. To qualify for a pensioners / disabled person's property rates rebate, a retired or disabled property owner must :

- (a) be a natural person;
- (b) the property must be categorized as residential;
- (c) be the owner of the property on the 1st of July of the year which is being applied for;
- (d) occupy the property as his or her normal residence or where the owner is unable to occupy the property due to no fault of his/her own, the spouse or minor children may satisfy the occupancy requirement;
- (e) produce a bar-coded identity document;
- (f) be at least 60 years of age on 1 July of the financial year concerned or be in receipt of a pension, disability grant or income from any other source; or if the owner turns 60 during the year the rebate will be granted on a pro rata basis from the date on which the applicant turned 60;
- (g) be in receipt of a total gross monthly income from all sources (including the income of the spouse of the owner and all persons normally residing on that property as per Schedule 1 of the approved rates policy;
- (h) not be in receipt of an indigent subsidy; and
- (i) qualify for only one rebate per year, if financial circumstances change can only apply for future years;
- (j) submit pension statements, interest on investment statements and a certified affidavit declaring any assistance from other sources(e.g. family members)
- (k) not be the owner of more than one property.

This application is for a rebate on property rates only and not for water, electricity, etc

Kindly complete the following in full and return by hand to Municipal Office Port Alfred, Kenton on Sea, Alexandria or Bathurst or post to P.O Box 13, Port Alfred, 6170. Only application with the original commissioner's oath stamp will be accepted i.e. no copies or faxed applications will be considered. Please note that the onus lies with the applicant to confirm that his/her applications has been received by the municipality.

ERF UNIT/PORION NO TOWN & SECTIONAL TITLE NAME

MUNICIPAL ACCOUNT																				
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REGISTERED OWNER OF PROPERTY (full names or organizations name)																				
IDENTITY NUMBER																				
PHYSICAL ADDRESS OF ORGANISATION																CODE				
POSTAL ADDRESS OF ORGANISATION																CODE				
TELEPHONE NO	HOME							WORK												
	CELL							FAX												
E-MAIL ADDRESS																				

PLEASE NOTE : If your household income is less than the equivalent of two state pensions you may qualify for indigent Subsidy. Should you wish to apply therefore please visit your municipal office (Port Alfred, Kenton on Sea, Alexandria or Bathurst) for assistance.

Gross Income Details	GROSS INCOME – SELF (Annual)	GROSS INCOME – SPOUSE (Annual)
INCOME FROM EMPLOYER		
PENSION		
ANNUITY		
INTEREST ON SAVINGS		
RENTALS		
FINANCIAL ASSISTANCE – FROM CHILDREN etc.		
OTHER		
TOTAL		

OCCUPANTS(Full Names)	RELATIONSHIP	AGE	GROSS INCOME(Annual)

PLEASE NOTE : THREE MONTHS RECENT BANK STATEMENTS CAN BE REQUESTED AS PROOF OF THE ABOVE.

I the undersigned(FIRST NAME AND SURNAME PRINTED),

In my capacity as for the abovementioned organisation do hereby

- (i) make oath that the above property complies with all the abovementioned conditions for a pensioners / disabled persons rebate, in terms of the Municipal Property Rates Act No.6 of 2004 and the Ndlambe Municipality 's approved rates policy, and
- (ii) authorize that the Municipality may inspect the property at any reasonable time during the financial year to confirm compliance with the conditions of rebate. Where access is denied, the rebate may be withheld, or withdrawn, if already effective.

.....
SIGNATURE OF APPLICANT

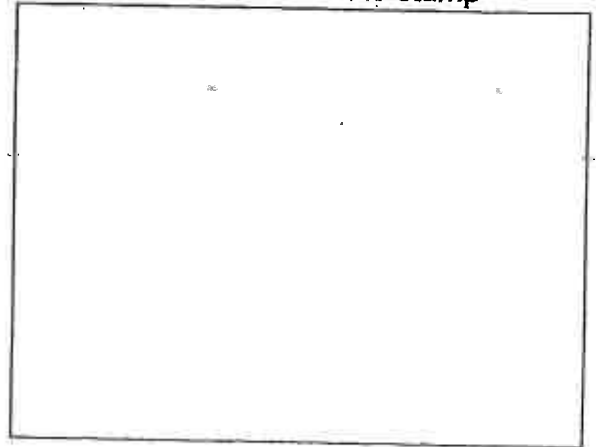
.....
DATE

I certify that the deponent has acknowledged that he/she knows and understand the contents of this affidavit, which was signed and sworn to before me at
on thisday of20.....

.....
COMMISSIONER OF OATHS FULL NAMES

.....
SIGNATURE

Commissioner of Oaths stamp



OFFICIAL USE ONLY

APPROVED (FULL NAMES):.....REBATE %.....

SIGNATURE :.....

DATE :.....

PERIOD FOR WHICH REBATE IS APPROVED ___ / ___ /20___ TO ___ / ___ /20___