

Civic Centre
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Nelspruit
1201
South Africa



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Nelspruit
1200
South Africa
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APPLICATION FORM FOR PUBLIC BENEFIT ORGANISATIONS AND NOT-FOR-GAIN INSTITUTIONS EXEMPTION

FINANCIAL YEAR 2018/19

All applications for a rebate on property rates for a financial year should be in before 31 October 2018 to qualify for a backdate on rates rebate. Applications received after end of October will qualify for a rebate as from date of application. Applications for exemptions by public benefit organisations must be accompanied by a letter from the SARS confirming that the organisation qualifies for exemption in terms of the Income Tax Act, Proof of property ownership and audited annual financial statements.

Kindly indicate activity undertaken by the organization: **e.g.** Training or education of persons with serve a serve physical or mental disability.

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The effective date of the rebate will be the date when the Municipality approves the application, irrespective of whether the property qualified for exemption in terms of its use prior to that date.

Kindly complete the following and return by hand to any Municipal Customer Care Office or post to P.O. Box 45, Nelspruit, 1200. Please note that the onus lies with the applicant to confirm that his/her application has been received by the municipality.

RATES ACCOUNT: **SUBURB:** **ERF NO.**.....

ORGANISATIONS NAME:

E-MAIL:

TELEPHONE NO:..... **CELLPHONE NO:**.....**FAX NO.**.....

POSTAL ADDRESS:**POSTAL CODE**.....

I the undersigned: (NAMES AND SURNAME PRINTED) in
my capacity as do hereby:

- (i) make oath that the above property complies with all the above mentioned conditions for an exemption in terms of the Municipal Property Rates Act No. 6 of 2004 and the Mbombela Local Municipality's 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 the exemption or rebate. Where access is denied, the exemption or rebate may be withheld, or withdrawn, if already effective;
- (iii) acknowledge that the municipality reserve the rights to refuse rebates if the information supplied in the application is incomplete, incorrect or falsified.

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SIGNATURE OF APPLICANT

...../...../2018.
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 this day of 2018

.....
COMMISSIONER OF OATHS FULL NAMES

.....
SIGNATURE

Commissioner of Oath Stamp

