

# MBOMBELA LOCAL MUNICIPALITY

Civic Centre  
1 Nel Street  
Nelspruit  
1201  
South Africa



P O Box 45  
Nelspruit  
1200  
South Africa  
Tel: +27 (0) 13 759-2067  
Fax: +27 (0) 13 759-9132

## TREASURY SERVICES

### APPLICATION FORM FOR PUBLIC BENEFIT ORGANISATIONS AND NOT-FOR-GAIN INSTITUTIONS EXEMPTION

#### FINANCIAL YEAR 2015/16

**All applications for a rebate on property rates for a financial year should be in before 30 October 2015 to qualify for a backdated 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 Where access is denied, the exemption or rebate may be withheld, or withdrawn, if already effective;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.

.....  
SIGNATURE OF APPLICANT

...../...../2015.  
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 ..... 2015

.....  
COMMISSIONER OF OATHS FULL NAMES

.....  
SIGNATURE

Commissioner of Oath Stamp



