

DIRECTORATE FINANCE: REVENUE

DEPT: RATES

APPLICATION FOR REBATE: PENSIONERS

Are you a South African Citizen?		YN				
Are you the owner of this property?		y N				
Is this your only property in South Africa?	y N					
Do you occupy this property permanently?		y N				
Do you let a room or any part of the property?		y N				
SECTION A: PERSONAL INFORMATION OF OWNER SURNAME						
NAME						
IDENTITY NUMBER						
CELL NUMBER	ALTERNATIVE CONTACT NR					
E-MAIL ADDRESS						
INFORMATION REGARDING SPOUSE OR A	ANY OTHER PERSON RESIDING O	N THIS PROPERTY				
NAME	SURNAME					
IDENTITY NUMBER						
CELL NUMBER	ALTERNATIVE CONTACT NR					
E-MAIL ADDRESS						
SECTION B: ADDRESS						
ERF NUMBER RESIDENTIAL ADDRESS						
POSTAL ADDRESS						
SECTION C: FINANCIAL INFORMATION (COMPULSORY)						
Monthly Income (Proof to be attached) OWNER/APPLICANT SPOUSE/OTHER						
Full or Part-time Salary	R	R				
State pension	R	R				
Private pension	R	R				
Disability grant	R	R				
Maintenance	R	R				
Other	R	R				

Tel: 028 313 8000 E-mail: enquiries@overstrand.gov.za

SECTION C: FINANCIAL INFORMATION (COMPULSORY) - CONTINUES

Interest received / Investment Income (Statements to be attached)

	COMPANY	OWNER/APPLICA	NT SPOUSE	OTHER
		R	R	
		R	R	
		R	R	
		R	R	
Incor	me from other sources (Rent / Boarding) or Fa	amily assistance (Bank sta	itements to be attached)
	DESCRIPTION	OWNER/APPLICA		SE / OTHER
		R	R	
		R	R	
	TOTAL INCOME	R	R	
SECT	ION D: SUPPORTING DOCUMENTS AND DECLA	ARATION		
	Proof of income of the owner and spouse/other institutions	and 3 months bank state	ments of all accounts from	all financial
	Certified Copies of ID documents (owner and sp	oouse/other)		
	Salary slips (if applicable)			
	Proof of pension (private or state)			
	Proof of disability (medical certificate)			
	Proof of investments / dividends			
	Proof of usufruct/habitation/executor/administ	trator or curator		
	Proof of trust document and income of all bene If property is registered in multiple owners; cop owners are required If the property is registered in the name of a C of income for all other members are required	by of ID of applicant (pers		
	Copy of death certificate or copy of will (if app	licable)		
<u>Decla</u>	aration_			
rebasub Sub I fu reca Ove	ereby acknowledge that Overstrand has the ate in order to assess the application and the stantiate the application. The acknowledge that should it transported for the properties of the counts of the following the following the following the following to take further action against any person/	hat they may request a ire that any informat ight to withdraw any re where such rebates w	iny other documents if on was knowingly/unlebate granted and recovered fraudulently obtained	deems necessary to awfully/incorrectly er any such rebate.
I dec	lare that all the required information I have	been provided and all	relevant documentation	have been attached
	Owner Name			
		_	Signature	



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