



PLEASE SUBMIT THE APPLICATION FORM TO YOUR NEAREST ADMINISTRATION OR SEND IT BY EMAIL TO : [enquiries@overstrand.gov.za](mailto:enquiries@overstrand.gov.za)

**APPLICATION FOR REBATE: B&B and GUESTHOUSE**  
**Local Government: Municipal Property Rates Act, 2004. Section 15**

**APPLICANT INFORMATION**

Owner Surname	
Owner Christian name	
Owner ID Number	
Physical address	
Postal Code	
Postal address	
Postal Code	
Contact telephone number	
<b>E-mail address</b>	
<b>Municipal account number</b>	
<b>Erf number</b>	
<b>Suburb/Town</b>	
Establishment type (B&B, G/House)	
Establishment name	
Number of lettable rooms <b>(Only 3 to 5 Rooms may apply)</b>	
Date of approval (Departure / Re-zoning)	
<i>Copy of the form MUST accompany the application</i>	

**DECLARATION BY OWNER**

Herewith I \_\_\_\_\_, ID nr: \_\_\_\_\_

Declare, with the knowledge of the penalties of perjury that all documents and declarations submitted and attached to this application for rebate, are truthful and correct.

Signed \_\_\_\_\_ at \_\_\_\_\_ on \_\_\_\_\_

**In the case of misrepresentation or false declaration, the Municipality reserves the right to refuse the approval of the rebate, to recover any if already granted and may institute appropriate legal action civil or otherwise, against guilty party(ies).**