

DIRECTORATE FINANCE: REVENUE

DEPT: RATES

APPLICATION FOR REBATE: PENSIONERS

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Are you a South African Citizen?			
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	
SUBURB	IICIPAL		
ERFNR ACCO	UNT NR		
RESIDENTIAL ADDRESS			
SECTION A: PERSONAL INFORMATION OF OWNER			
NAME	SURNAME		
IDENTITY NUMBER			
CELL NUMBER	ALTERNATIVE CONTACT NR		
E-MAIL ADDRESS			
ADDICESS			
INFORMATION REGARDING SPOUSE OR ANY OTHER PERSON PRESIDING ON THIS PROPERTY			
NAME SURNAME			
IDENTITY NUMBER			
CELL NUMBER	ALTERNATIVE CONTACT NR		
E-MAIL ADDRESS			
SECTION B: FINANCIAL INFORMATION (COMPULSORY)			
Monthly Income (Proof to be attached)	OWNER/APPLICANT	SPOUSE/OTHER	
Full or Part-time Salary	R		
State pension	R R		
Private pension	R		
Disability grant	R R		
Maintenance	R R		
Other			

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

SECTION B: FINANCIAL INFORMATION (COMPULSORY) - CONTINUES

Interest received / Investment Income (Statements to be attached)

COMPANY	OWNER/APPLIC	ANT SPOUSE / OTHER
	R	R
	R	R
	R	R
	R	R
Income from other sources (Rent / Boarding) or Family		
DESCRIPTION	OWNER/APPLIC	,
DESCRIPTION	R	R
	R	R
TOTAL INCOME	R	R
SECTION C: SUPPORTING DOCUMENTS AND DECLARAT	TION	
Proof of income of the owner and spouse/other and institutions	I 3 months bank stat	ements of all accounts from all financial
Certified Copies of ID documents (owner and spouse	e/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/administrate	or or curator	
Proof of trust document and income of all beneficial If property is registered in multiple owners; copy of owners are required		son residing) and proof of income for all
If the property is registered in the name of a Close of income for all other members are required	Corporation (CC); c	ppy of ID of applicant (person residing) and proof
Copy of death certificate or copy of will (if applicate	ole)	
<u>Declaration</u>		
I hereby acknowledge that Overstrand has the right in order to assess the application and that they		
substantiate the application. I further acknowledge that should it transpire	that any informa	ation was knowingly/unlawfully/incorrectly
recorded/supplied by me, Overstrand has the right Overstrand will raise interest on such accounts wh	-	-
right to take further action against any person/s th		
I declare that all the required information I have bee	en provided and al	l relevant documentation have been attached
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Owner Name	-	
	_	Signature



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