



## Application for Pensioner Rebate on Property Rates FOR PENSIONERS AGED 70 AND OLDER

Please attach a certified copy of your Identity Document. Only a signed application form submitted along with a certified copy of your Identity document will be accepted for further processing. Failure to provide the required documentation will result in the application not being approved. The rebate is applicable for only one property should the applicant own more than one property.

### CONDITIONS

Pensioners must be 70 years of age or older, own the property and personally occupy the property. The property value must not exceed R2 500 000.

From 1 July 2018

Rates Account Number:

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### Personal details of property owner and his/her spouse

Indicate with a cross:

male	female	married	single	widow	widower
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#### Registered property owner

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Date of birth: 

y	y	y	y	m	m	d	d
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Identity number: 

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#### Spouse

Surname: \_\_\_\_\_

First names: \_\_\_\_\_

Date of Birth: 

y	y	y	y	m	m	d	d
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Identity number: 

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#### Addresses

Street address: \_\_\_\_\_

City/Suburb: \_\_\_\_\_ Postal code: \_\_\_\_\_

Postal address: \_\_\_\_\_

City/Suburb: \_\_\_\_\_ Postal code: \_\_\_\_\_

### Contact details

(H) \_\_\_\_\_ Cell No: \_\_\_\_\_

(W) \_\_\_\_\_ Fax No: \_\_\_\_\_

Email: \_\_\_\_\_

Freehold Title ownership

Stand number: \_\_\_\_\_ Portion number: \_\_\_\_\_

Suburb: \_\_\_\_\_

Indicate with a cross whether you occupy the above mentioned property:

yes	no
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How many houses/ living units are there on the above mentioned property?

Sectional Title ownership

Name of Body Corporate: \_\_\_\_\_

Unit number: \_\_\_\_ Door number: \_\_\_\_

Indicate with a cross whether you occupy the above mentioned property:

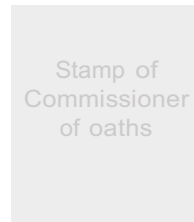
yes	no
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This form may be posted to Director Rates and Taxes, P.O. Box 1450, JHB, 2000 or dropped off at any of the City's service centres for submission to Rates and Taxes.

Thus signed and sworn to, before me at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Commissioner of Oaths



**FOR OFFICE USE**  
**Checklist**

**CERTIFIED ID COPY**