



UMDONI MUNICIPALITY

TOGETHER BUILDING UNITY – SIYAKHISANA – TESAME BOU ONS EENHEID

Postal Address:
P O Box 19
Scottburgh
4180

Physical Address:
Cnr Airth & Williamson St
Scottburgh
4180

Tel: 039 –976 1202
Fax: 039.- 976 0381

APPLICATION FORM

INDIGENT OWNERS	
PENSIONERS / RETIREES	
DISABLED PERSONS	

Please mark with an **X** the type of Rebate being applied for
An applicant will qualify for only one of the above rebates

Full Name of Applicant: _____
(Registered Owner)

Identity Number:

Account Number:

Erf/Lot No: _____ Suburb _____

Postal Address: _____

_____ Code _____

Cellular No.

Home Telephone No.

INDICATE TOTAL MONTHLY HOUSEHOLD INCOME

	PENSION	INTEREST	OTHER	TOTAL
SELF	R	R	R	R
SPOUSE	R	R	R	R
OTHER PERSON 1	R	R	R	R
OTHER PERSON 2	R	R	R	R
OTHER PERSON 3	R	R	R	R
TOTAL MONTHLY HOUSEHOLD INCOME				R

PLEASE CONFIRM THE FOLLOWING (must be completed)

Are you a permanent resident on the above property?
Are you the sole owner or jointly owned with spouse?
Do you own more than one property?
Attach proof of id
Attach proof of income (e.g. it3a/irp certificates/pension card)
For disabled persons attach medical certificate from nominated
medical practitioner (2 months)

YES	NO

SIGNATURE OF APPLICANT _____

Sworn/Affirmed at _____ this _____ day of _____ 20
Before me, the deponent having acknowledged that he/she knows and understands the
contents hereof and considers the prescribed oath/affirmation administered by me to be
binding on his/her conscience.

FULL NAME _____ **COMMISSIONER OF OATHS**

Ex Officio address _____ Stamp & Sign _____

**NB: IN THE CASE WHEREBY THE PROPERTY IS JOINTLY OWNED
ONLY ONE OF THE REGISTERED OWNERS NEED APPLY.
INCOME OF ALL OWNERS AND OTHER PERSONS RESIDING ON THE
PROPERTY MUST BE GIVEN.**

FOR OFFICE USE ONLY

ACCEPTED: _____ REJECTED: _____

SIGNATURE: _____ DATE: _____

CLOSING DATE FOR APPLICATIONS 30 JUNE 2010