

**UMfolozi Local Municipality**



25 Bredeila Street  
KwaMbonambi  
3915

TEL :035\_580 1421  
FAX :035 580 1141  
Web: [www.umfolozi.gov.za](http://www.umfolozi.gov.za)

**Application form for:**

<b>Pensioners Rebate</b>	
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<b>Please mark with an X the type of Rebate being applied for. An applicant will qualify for only one of the above rebates</b>
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**To be submitted by 30 April of each year**

**Details**

**Full Name of Applicant :** \_\_\_\_\_  
(Registered Owner)

**Identity Number**

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**Rate Account Number**

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**Erf Description (Primary Property)**  
: \_\_\_\_\_

**Physical Address (Primary Property)**  
: \_\_\_\_\_  
: \_\_\_\_\_

**Postal Address**  
: \_\_\_\_\_  
: \_\_\_\_\_

**Cellular Phone Number**

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**Home Telephone Number**

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**Email Address** : \_\_\_\_\_

**Declaration**

I, the undersigned, \_\_\_\_\_, do hereby declare that the above property is my primary property on which I reside permanently and all of the information supplied is to the best of my knowledge, true and correct.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Details of Other Title holders in the Primary Property**

Name	Identity Number	Contact Number

(Attach separate list if space is insufficient)

**Details of Applicants ownership in properties other than Primary Property**

(Attach separate list if space is insufficient)

**Documents to accompany this application**

Type of Rebate	Certified Copy of ID	Letter from Dept of Social Welfare <u>OR</u> District Surgeon
Pensioners	X	

**Qualifying Criteria**

**Pensioners**

In order to qualify as a pensioner owner, the owner must:	
(a)	Be at least 60 years of age;
(b)	For a residential category of property be the sole owner of the property or own the property jointly with his/her spouse;
(c)	Not be granted more than one pensioner rebate at a time;
(d)	Live permanently on the property;
(e)	Make application annually on the prescribed form and within the prescribed period and submit a valid RSA bar coded ID.
(f)	The total household income of the applicant if any, must not exceed R96 000 per annum
(g)	Proof of income and recent tax statement or recent bank statement will be required

**Notes**

1. The information provided on this application will be updated as your contact details.
2. All accounts will be consolidated in terms of Councils Policy
3. Completed forms may be submitted to uMfolozi Municipality( details on the top of 1<sup>st</sup> page ) or emailed to rates@mbonambi.co.za
4. The Municipality reserves the right to prosecute anyone who willfully provides false information with the intention to benefit unlawfully from the rebates awarded. If Rebates are granted on false information provided by the Applicant, then the Municipality shall reverse all rebates immediately, which shall become due, owing and payable with interest
5. The rebate granted will be determined by a Council resolution at the adoption of its annual budget.

**For Office Use only**

**Date received by Council:** \_\_\_\_\_ **Name of Receiving Official:**

**Signature of Receiving Official:**