Ethekwini Revenue
Florence Mkhize Building
251 Anton Lembede Street
Durban
4001

Tel: 031 324 5000
Fax: 031 328 1002
E-Mail: ratesline@durban.gov.za
Website: http://www.durban.gov.za

APPLICATION FOR REBATE

LIFE RIGHTS SCHEMES AND RETIREMENT COMPLEXES

PLEASE COMPLETE IN BLOCK LETTERS

DETAILS OF THE PROPERTY OWNER

SURNAME & FULL NAME (If a natural person)

TITLE **INITIALS** **DATE OF BIRTH**

IDENTITY NUMBER **GENDER** ☐ **MALE** ☐ **FEMALE**

FULL NAME OF COMPANY/CC/TRUST

COMPANY / C.C. OR TRUST REGISTRATION NUMBER

NAMES AND SURNAME OF TRUSTEES

(Attach a separate list if this space is insufficient, including all details of the trustees e.g. their physical addresses, contact details, place of work)

NAME OF ESTABLISHMENT

RATE NUMBER **WATER ACC NO**

ELECTRICITY ACC NO

ERF DESCRIPTION

NAME OF COMPLEX

STREET NUMBER **STREET NAME**

SUBURB

CITY / TOWN **POSTAL CODE**

POSTAL ADDRESS

POSTAL CODE

CELL NUMBER (Preferred) **OFFICE NO/ LANDLINE**

CONTACT PERSON

E-MAIL ADDRESS

DOMICILIUM CITANDI ET EXECUTANDI

(Service address for all purpose including legal process)

POSTAL CODE

DECLARATION

I, WE THE UNDERSIGNED, IN MY/OUR CAPACITY AS REGISTERED OWNER OF THE ABOVE PROPERTY* / DULY AUTHORISED REPRESENTATIVE OF THE CORPORATE ENTITY* OR TRUST* BEING THE REGISTERED OWNER OF THE ABOVE PROPERTY (*delete, where applicable)

.....

.....

Declare that the above property is registered in terms of the Housing Development Schemes for Retired Persons Act 65 of 1988 and the title deeds are appropriately endorsed to reflect this.

Declare that the scheme/Retirement Complexes/ development is registered with and regulated by the South African Association for Homes for the Aged.

Declare that in the case where the property is registered in the name of a Trust, the letters of authority of the Trustees produced, as required in terms of the Qualifying Criteria below, are current.(*delete, where applicable).

I/WE acknowledge that the Municipality reserves the right to prosecute anyone who willfully provides false information with the intention to benefit unlawfully from the rebates awarded.

I/WE agree and aware that incorrect information would affect the consideration of my application/rebate renewal and that the Council has a right to cancel my rebate at any stage.

I/WE acknowledge that I/WE will be liable for any fee the Municipality many charge or any appropriate legal action as a result of incorrect information relied upon on this application/rebate renewal.

Undertake to furnish additional documentary proof, if requested.

Consent to the processing of the Information, for all purposes associated with the Application hereby made and/or any other purpose compatible with the purpose for which it was initially provided and/or necessary for the legitimate and justifiable interests of the Municipality. AND

Acknowledge that if I wilfully give information which is false in any material respect, I shall be guilty of an offence

_____ _____

SIGNATURE **DATE**

DOCUMENTS TO ACCOMPANY THIS APPLICATION

1. Certified copies of Registration Documents /Constitution.
2. Certified copy of Identity Document of applicant (If a natural person).
3. Copy each of all Municipal accounts (water, electricity, rates – not older than 3 months).
4. A copy of the Title Deed of the property.
5. Proof of current registration with the South African Association for the Aged.
6. A letters of Authority for each and every Trustee, in the case of a Trust.

If a copy of a document is produced, it must be a certified copy of an original, signed by a commissioner of oaths/justice of the peace containing his/her full names, designation and physical address and telephone number.

QUALIFYING CRITERIA

1. The Scheme /Retirement Complexes must be registered in terms of the Housing Development Scheme for Retired Persons Act 65 of 1988,
2. The Scheme/ Retirement Complexes must be registered with and regulated by the South African Association for Homes for the Aged (SAHA),
3. The title deeds of the property must be duly endorsed in terms of Act 65 of 1988,
4. In the case of joint ownership, all owners must meet the qualifying criteria,
5. The rebate will be granted ONLY on one property;
6. In the case of a Trust, the Trustee/s must meet all of the above criteria. A copy of the Title Deed must be produced,
7. Where the property is registered in the name of a Trust, the letters of authority for each and every Trustee must be produced, and
8. Executors/Administrators of deceased estates, Liquidators and Trustees of insolvent estates are excluded from the rebate.

FOR OFFICE USE ONLY

Date received by Council: _____ **Name of Receiving Official:** _____

Signature of Receiving Official: _____