



ETHEKWINI REVENUE MANAGEMENT UNIT

Florence Mkhize Building,
251 Anton Lembede Street,
Durban, 4001

Tel: 031 324 5000, Fax: 031 328 1002

Email: RevlineResponse@durban.gov.za

Website: <http://www.durban.gov.za>

Queries: <http://correspondence.durban.gov.za:200/>

COVID 19 DISASTER REBATE APPLICATION FORM FOR BED & BREAKFAST / GUESTHOUSES

PLEASE COMPLETE IN BLOCK LETTERS <i>(ONLY COMPLETE AND SUBMIT ONLY PAGE 1 TO 3)</i>	
1. APPLICANT DETAILS	
First name(s)	
Surname	
ID Number	
Telephone number (landline)	
Cell phone number	
Email address	
2. COMPANY / ESTABLISHMENT INFORMATION	
Full Name of the establishment	
Establishment registration number (if registered with CIPC)	
Date of registration	
Property address:	
<i>Address:</i> (<i>Domicilium Citandi Executandi - Service address for Legal processes</i>)	
Postal code	
Rate account number	
Electricity account number	
Water account number	
Is the establishment registered with CTO? If yes, attach proof	Yes / No (Delete where not applicable)

Is the establishment registered with EDTEA? If yes, attach proof	Yes / No (Delete where not applicable)
Are you registered for E-Services? If No, please indicate reasons	Yes / No (Delete where not applicable)

3. DECLARATION

I, the undersigned, in my capacity as a registered owner of the above property / duly authorised representative of the establishment being the registered owner of the above property:

(Name of the applicant and ID number)

1. Declare that the above property **is / is not** * my primary property on which I reside permanently, and all of the information supplied is to the best of my knowledge, true and correct. (*delete, where not applicable).
2. I acknowledge that the Municipality reserves the right to institute legal action against anyone who wilfully provides false information with the intention to benefit unlawfully from the rebates awarded.
3. I agree and am aware that incorrect information would affect the consideration of my application for Disaster rebate and that the Council has a right to cancel my rebate at any stage.
4. I acknowledge that the Municipality may reverse any rebate paid in favour of the property listed for this application and raise such amount against my account, should it be established that the approval of such rebate was based on the incorrect information relied upon on this application.
5. I further acknowledge that rebates granted in error will be reversed immediately from date of inception of the rebate, as contemplated in the Rates Policy.
6. I undertake to furnish additional documentary proof, as and when requested.
7. I 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.

SIGNATURE

DATE

4. MEMBER ACCOMMODATION ASSOCIATION VERIFICATION

DECLARATION

I, the undersigned, _____, do hereby declare that the above APPLICANT is a member of the Association and all of the information supplied is to the best of my knowledge, true and correct.

SIGNATURE

DATE

OFFICIAL STAMP

FOR OFFICE USE ONLY

Received by (Name and Service No.) : _____

Date of receipt: _____

Signature of Receiving Official: _____

Captured by (Name and Service No) : _____

5. DOCUMENTS TO ACCOMPANY THIS APPLICATION

- ✦ Certified copy of ID or smart card for the Applicant or/and Sole Proprietor or Directors.
- ✦ Documentation supporting revenue loss of more than 60% to the establishment.
- ✦ Copy of the Municipal Trading Permit / Business Licence.
- ✦ SARS Tax Clearance Certificate.
- ✦ Copy of Special Consent approval from the Municipal Town Planning Department.
- ✦ Proof of registration with Tourism KwaZulu–Natal, Durban Tourism and a local Community Tourism Organisation (CTO).

6. QUALIFYING CRITERIA

- ✦ Be registered and compliant with South African Revenue Service (SARS).
- ✦ The applicant must be able to demonstrate by means of supporting documentation that the establishment suffered and continues to suffer more than 60% revenue loss.
Example of supporting documentation: Financial performance related documents or holiday booking pattern, that indicate a decline in revenue. The period of revenue loss may be compared between the current COVID 19 pandemic period (e.g. April and May 2020) and same period last year (e.g. April and May 2019).
- ✦ The establishment must be registered with KwaZulu–Natal Economic Development, Tourism and Environmental Affairs Department (EDTEA), Durban Tourism and a local Community Tourism Organisation (CTO); The applicant must meet the criteria set by Durban Tourism and all membership fees or other fees payable to Durban Tourism and the CTO must be paid up to date.
- ✦ A business License in terms of the “Accommodation Establishment Bylaws” where applicable, must accompany this application.
- ✦ The application form must be certified by the relevant Community Tourism Organisation. No application will be processed without having met this requirement.
- ✦ Disaster rebate is subject to the availability of budget and Council resolution. This rebate is reviewed on month to month basis, based on the availability of the allocated budget and/or the continuous loss of income due to COVID 19 disaster.

7. SUBMISSION OF APPLICATION

All applications must be submitted electronically to Email: RevlneResponse@durban.gov.za. For further queries, contact Tel: 031 324 5000.

Applicants may send their queries to <http://correspondence.durban.gov.za:200/>

Kindly note that in order to comply with the COVID 19 Lockdown Regulations and Municipal Health and Safety Risk Reduction Guidelines, all applicants are encouraged to submit their COVID 19 Disaster Rebate application forms via email provided above.