



APPLICATION FOR REBATE STUDENT ACCOMMODATION

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PLEASE COMPLETE IN BLOCK LETTERS

DETAILS OF THE PROPERTY OWNER

SURNAME & FULL NAME (If a natural person) [Grid]

TITLE [Grid] INITIALS [Grid] DATE OF BIRTH [Grid]

IDENTITY NUMBER [Grid] GENDER MALE FEMALE

FULL NAME OF COMPANY/CC/TRUST [Grid]

COMPANY / C.C. OR TRUST REGISTRATION NUMBER [Grid]

NAMES AND SURNAME OF TRUSTEES [Grid]

NAME OF ESTABLISHMENT [Grid]

RATE NUMBER [Grid] WATER ACC NO [Grid]

ELECTRICITY ACC NO [Grid]

ERF DESCRIPTION [Grid]

STREET NUMBER [Grid] STREET NAME [Grid]

SUBURB [Grid]

CITY / TOWN [Grid] POSTAL CODE [Grid]

POSTAL ADDRESS [Grid]

[Grid] POSTAL CODE [Grid]

CELL NUMBER (Preferred) [Grid] WORK NO/ LANDLINE [Grid]

CONTACT PERSON [Grid]

E-MAIL ADDRESS [Grid]

DOMICILIUM CITANDI ET EXECUTANDI [Grid]

(Service address for all purpose including legal process)

[Grid] POSTAL CODE [Grid]

(Note: A postal address is not acceptable)

QUALIFYING CRITERIA AND DOCUMENTS TO ACCOMPANY THIS APPLICATION

NO	ITEM	BY THE APPLICANT (Mark with an X)	FOR OFFICE USE ONLY (Mark with an X)
1	A list of students renting the property		
2	Certified Copy of Student registration certificates		
3	Certified Copy of Lease agreements with Tertiary Institutions.		
4	Certified Copy of Lease agreements with the students or leaners.		
5	Certified Copy of Identity Document of the applicant and Leaners		
6	One copy each of all Municipal accounts (water, electricity, rates – not older than 3 months) or Consolidated account.		
8	Certified copy of current accommodation establishment permit issued by the Environmental Health Unit		
9	Certified Letter of Authority of the Trustees		
10	Certified copies of CIPC Registration Document /Constitution.		
Comment:			

NOTES

1. An annual application must be made by 30 April preceding the start of the new financial year for which relief is sought;
2. Only the owner of the property or in the case of a legal entity or trust, a duly authorized person shall make application for the rate rebate.
3. Both the Declarant/Deponent and the Commissioner of Oaths must initial all pages of this Application form, including annexures.

DECLARATION AFFIDAVIT

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 WHICH IS LET OUT FOR THE PURPOSE OF ACCOMMODATING REGISTERED STUDENTS AND OR LEARNERS OF HIGHER EDUCATION AND ABOVE (*delete, if not applicable)

.....

CERTIFY THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT AND ANNEXURES IS CORRECT AND ACCURATE

DECLARE that the above property is/isn't* 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, if not applicable)

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.

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

ACKNOWLEDGE that the Municipality may claim a refund or take any other appropriate action as a result of incorrect information relied upon in respect of 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.



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

Signature

Address
.....
.....
.....

Telephone/Email Address/Cellphone number
.....

SIGNED AND SWORN to before me at..... on theday ofyear.....by the Deponent, who has acknowledged that he/she knows and understands the contents of this document, that it is true and correct to the best of his/her knowledge and that he/she has no objection to taking the prescribed oath, and that the prescribed oath will be binding on his/her conscience.

COMMISSIONER OF OATHS

FOR OFFICE USE ONLY

Date of receipt: _____ Name of Receiving Official: _____

Signature of Receiving Official: _____