



APPLICATION FOR REBATES
PUBLIC BENEFIT ORGANISATIONS

FORM N

SECTION 1: PERSONAL DETAILS - OWNER

Name of Registered Owner of Property: _____

Identity No Owner: _____ (Please attach a certified Copy of ID to this application)

Entity Registration No.: _____ (Please attach a certified Copy of Registration to this application)

Physical Address of Owner/Entity: _____

Code: _____

Postal Address of Owner/Entity: _____

Code: _____

ERF/Unit/FarmNo: _____ Suburb/Farm Name : _____

Telephone No: Home () _____ Work: () _____

Cellular No: _____ Fax No: () _____

E-mail Address: _____

Is the Applicant Registered as a Public Benefit Organisation? Yes No

If **YES**, provide Registration Number: _____

(Attach Certified Copy of Registration Certificate)

Is property used for a specific Public Benefit Activity listed in Part 1 of the 9th schedule to the Income Tax Act? Yes No

If **YES**, provide proof: _____

Is the Property Primarily used for Educational Purposes? Yes No

Is the Property Primarily used for Healthcare Purposes? Yes No

Is the Property Primarily used for Welfare and Humanitation Purposes? Yes No

Does the Owner Receive Rent? Yes No

If **YES**, provide details and Amount: _____ R _____

Is any private pecuniary profit made from the property? Yes No

If **YES**, provide details and Amount: _____ R _____

I / We _____ hereby declare that the information

(FULL NAME/S)

and particulars supplied are true and correct.

Dated: _____ / _____ / _____
YYYY MM DD

Signature - Head Of Public Benefit Organisation

Signature - Owner of Property

Please Attach a Affidavit by the Head of the Organisation, signed before a Commissioner of Oath, containing the following information:

- The primary use of the property
- Monthly Rental
- Financial Profit

FOR OFFICIAL USE ONLY

Criteria	Yes	No	Score
Registered as a Public Benefit Organisation	15	0	
Sole Owner	15	0	
Educational Purposes	15	0	
Healthcare Purposes			
Welfare and Humanitation			
Rent Payable?	0	15	
Pecuniary Profit?	0	15	
Affidavit by Head of Org.	15	0	
TOTAL SCORE			

Documentation Attached:

- Yes No
Certified Copy of Owner ID
- Yes No
Proof of Ownership
- Yes No
Signed Affidavit Attached
- Yes No
Certified Copy of Public Benefit Cert
- Yes No
Other
- Yes No
Other
- No
Other

SCORING:

90 = 100%
Less than 90 = 0%

_____ / _____ / _____
 *Name of Municipal Official Signature YYYY MM DD
 Yes

REBATE GRANTED FOR THE YEAR 2011/2012: %

_____ / _____ / _____
 *Name of Chief financial Officer Signature YYYY MM DD