



APPLICATION FOR REBATES NON PROFIT ORGANISATIONS

FORM O

SECTION 1: PERSONAL DETAILS – OWNER

Registered Owner/ Entity of Property: _____

Registration No of Owner/Entity: _____ (Attach a certified Copy of Registration)

Physical Address of Owner: _____

_____ Code: _____

Postal Address of Owner: _____ Code: _____

ERF/Unit No: _____ Suburb/Scheme Name : _____

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

Cellular No: _____ Fax No: () _____

E-mail Address: _____

Is the Applicant Registered as a Non Profit Organisation? Yes No

If **YES**, provide Registration Number: _____
(Attach Certified Copy of Registration Certificate)

Is the Property Primarily used for:

Educational Institutions? Yes No Health and Welfare Institutions? Yes No

Historical Monuments? Yes No Charitable Institutions? Yes No

Sporting Bodies? Yes No Agricultural Societies? Yes No

Cemetries and Crematoria? Yes No Cultural Institutions? Yes No

War Veterans? Yes No Animal Protection? Yes No

Youth Development Organisations? Yes No

Museums, Libraries, Art Galleries and Botanical Gardens? 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

APPLICATION FOR REBATE: NON-PROFIT ORGANISATIONS - Form O

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

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Criteria	Yes	No	Score			
Registered as a Non Profit Organisation	15	0				
Sole Owner	15	0				
Educational Institutions?	15	0				
Health and Welfare Institutions?						
Historical Monuments?						
Charitable Institutions?						
Sporting Bodies?						
Agricultural Societies?						
Cemeteries and Crematoria?						
Cultural Institutions?						
War Veterans?						
Animal Protection?						
Youth Development Organisations?						
Museums, Libraries, Art Galleries and Botanical Gardens?						
Rent Payable?				0	15	
Pecuniary Profit?				0	15	
Affidavit by Head of Org.	15	0				
TOTAL SCORE						

Documentation Attached:

- 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 Yes No
- Other..... Yes No

<u>SCORING:</u>	
90	= 100%
Less than 90	= 0%

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

REBATE GRANTED FOR THE YEAR 2012/2013 _____ : _____
%

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