

**FINANCE CLUSTER****REVENUE MANAGEMENT UNIT**

Ground Floor, Florence Mkhize Building,

251 Anton Lembede Street,

Durban, 4001

Toll Free Number: 080 311 1111

Website: [http://: www.durban.gov.za](http://www.durban.gov.za)Email: Ratesrebates@durban.gov.zaQueries: <http://correspondence.durban.gov.za:200/>**REBATE APPLICATION****DISASTER RELIEF**

PLEASE COMPLETE IN BLOCK LETTERS	
TYPE OF APPLICANT (tick)	
INDIVIDUAL <input type="checkbox"/>	BUSINESS <input type="checkbox"/> OTHER _____ SPECIFY <input type="checkbox"/>
1. PARTICULARS OF APPLICANT	
Municipal Account number	
Full names	
ID Number	
Name of the business	
Registration Number	
Names of all Trustees* (in case of Trust)	
Property address (affected by disaster)	
Postal code	
Contact telephone numbers	
Email address	
Are you registered with E-Services?	(tick) Yes <input type="checkbox"/> No <input type="checkbox"/>

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

2. PLEASE PROVIDE INFORMATION BELOW

NATURE OF APPLICATION (tick)

PROPERTY RE-VALUATION ☐

TEMPORARY RELIEF (clause 7.11.2 of the Rates Policy) ☐

EXTENSION OF TEMPORARY RELIEF (clause 7.11.3 of the Rates Policy) ☐

OTHER _____ SPECIFY ☐

3. DETAILS OF DISASTER

DATE OF INCIDENT

(tick)

NATURAL DISASTER -As defined in the Disaster Management Act (clause 7.11.1 of Rates Policy) ☐

DAMAGES BY CAUSE OTHER THAN NATURAL DISASTER (clause 7.11.2 of Rates Policy) ☐

PROVIDE PARTICULARS OF EXTENT OF DAMAGES TO IMMOVABLE PROPERTY

4. APPLICANT'S DECLARATION

I/WE the undersigned

.....

In my/our capacity as a registered Owner of the above property* / duly authorised representative of the owner* (*delete, where NOT applicable)

DO HEREBY:

- (a) DECLARE that the particulars in the application and all enclosures are to the best of my/our knowledge, true and correct;
- (b) DECLARE, in the case of damage to property by fire that such damage was not attributable to an act of arson;
- (c) UNDERTAKE to inform the Municipality immediately of any changes in the particulars furnished in the application where such changes may reasonably be regarded as having a material effect on the application;
- (d) AGREE and am/are aware that incorrect information would affect consideration of my/our Application and that the Municipality has a right to cancel a rebate, once granted on account thereof;
- (e) ACKNOWLEDGE that I/We will be liable for any fee/penalty/rates that Municipality may charge or for costs that may arise from any appropriate legal action as a consequence of the Municipality relaying upon incorrect information in this Application;
- (f) UNDERTAKE to furnish additional documentary proof, if requested by the Municipality;
- (g) 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;
- (h) GIVE my/our express consent to the Municipality to share with other departments the personal information contained in this Application, where verification is required;
- (i) ACKNOWLEDGE that if I/We wilfully give information which is false in any material respect, the Municipality institute criminal charge against me/us, in addition to other sanctions as may be permissible in law.
- (j) An applicant whose rights are affected by the decision of this application, may lodge a dispute in terms Clause 24 of the eThekweni Municipality Credit Control and Debt Collection Policy and the appeal in accordance with Section 62 of the Local Government: Municipal Systems Act 32 of 2000.

FULL NAME OF APPLICANT

CAPACITY

SIGNATURE

DATE

5. COMMISSIONER OF OATH

I, _____(Full names) HEREBY CERTIFY that the Deponent has acknowledged before me that he / she has read, knows and understands the contents of the above declaration, and that in compliance with the regulations contained in Government Notice No. R1258 published on 21 July 1972 as amended by Notice No. R1648 of 19 August 1977, the said Deponent signed this declaration before me at (Place)_____ on this date_____ (dd/mm/yy)

COMMISSIONER OF OATH SIGNATURE

DATE

COMMISSIONER OF OFFICIAL STAMP

For Office Use Only

Account No: _____

Application: Approved / Not Approved _____

Reason/s for refusal _____

Approved / Not Approved By:

Name _____ Signature: _____ Date: _____

Designation _____

6. SUBMISSION OF APPLICATION

Applications for the Temporary Relief must be submitted within sixty (60) days from the date of the disaster occurrence and Extension of Temporary Relief within forty-five (45) days prior to the expiry of the six months period. Applications may be submitted electronically to Ratesrebates@durban.gov.za or hand delivered to any Sizakala Centres or Revenue Customer Service Centres.

For further queries, contact Tel: 080 311 1111 or <http://correspondence.durban.gov.za:200/>.

All applicants are encouraged to submit their application forms electronically, where possible.

7. DOCUMENTATION FOR APPLICATION

Complete the following checklist and attach all the information and documentation relevant to the application.

Please note that failure to submit all information and documentation required will result in the application being deemed incomplete and acceptance may be refused.

COMPULSORY INFORMATION AND DOCUMENTATION REQUIRED:

Y	N	Incident Report from Municipality's Fire Department (Central Fire Station Administration Section), where applicable
Y	N	Assessor's Loss Report
Y	N	Demolition Certificate, where applicable
Y	N	Motivation for further temporary rates rebate, where applicable
Y	N	Letter of Proxy (not older than 30 days as at date of application where application is made on behalf of a natural person who is the registered owner of the property)
Y	N	Photographs of the incident
Y	N	Letters of Authority of each and every Trustees in the case of a Trust
Y	N	Certified copy of Identity Document of the applicant (if a natural person)
Y	N	Certified copy of Registered Document /Constitution (if the owner is a juristic entity)
Y	N	Copy of most recent municipal accounts (water, electricity, rates (not older than 3 months)
Y	N	Copy of minutes of meeting authorizing the signatory to sign this Application (where the registered owner of the property is a juristic entity)

NB: 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.