

**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/>**RATES REBATE FOR COMMERCIAL ACCOMODATION****PLEASE COMPLETE IN BLOCK LETTERS**

SELECT REQUEST BY (tick)

 BED AND BREAKFAST BACK-PACKER LODGE HOLIDAY ACC OMMODATION
1. PARTICULARS OF APPLICANT (property owner or on behalf of owner)

Municipal Account number	
Full names	
ID Number	
Name of the organisation (where applicable)	
Registration Number	
Property address	
Postal code	
Contact telephone numbers	
Email address	
Are you registered with E-Services?	(tick) Yes <input type="checkbox"/> No <input type="checkbox"/>

2. ACCOMMODATION DETAILS

			FACILITIES ON OFFER TO GUESTS (Mark with an X)		
Establishment	Total size of developed area	Total number of beds available to guest	Conference facility	Spa / salon	Other (specify)
Bed and Breakfast					
Back-pack lodge					
Holiday accommodation					

3. APPLICANT'S DECLARATION

I, the undersigned, _____, do hereby declare that:

1. I am a registered owner or duly authorized representative of the registered owner of the above-mentioned property.
2. The above property **is * or is not*** my primary property on which I reside permanently. (**delete, where applicable*)
3. I qualify for the rebate in terms of the eThekweni Municipality Property Rates Policy and understand that no rebate will be granted where any director/member/trustee of my holiday establishment is also a director/member/trustee of another Juristic Person that likewise owns a Bed and Breakfast, or Back-packer lodge within the jurisdiction of the Municipality.
4. I acknowledge that the Municipality reserves the right to institute legal action to anyone who wilfully provides false information with the intention to benefit unlawfully from the rebate that is granted.
5. I agree and aware 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.
6. I acknowledge that I will be liable for any fee the Municipality many charges or any appropriate legal action as a result of incorrect information relied upon on this rebate renewal form.
7. I acknowledge that any rebate awarded due to incorrect or fraudulent information supplied to the Municipality may result cancellation and reversal of all rebate, in accordance with Credit Control and Debt Collection Policy.
8. I undertake to furnish additional documentary proof, if requested.
9. I acknowledge and aware that my rebate award arising from any administration error may be reversed and the Municipality undertake to reverse any interest raised under this circumstance, in accordance with Credit Control and Debt Collection Policy / Bylaws.

- 10. I understand that the Chief Finance Officer may request more information / documents in assessing my application.
- 11. 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.

APPLICANT'S SIGNATURE

DATE

4. 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

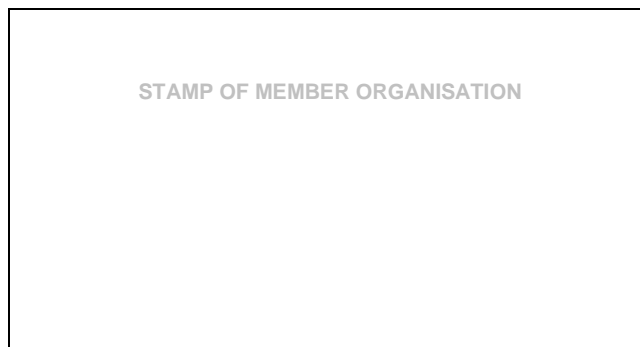
5. DECLARATION BY COMMUNITY TOURISM ORGANISATION

I, the undersigned, _____ (**Full name**), do hereby declare that the above APPLICANT is a member of the Community Tourism Organisation (CTO) and all of the information supplied is to the best of my knowledge, true and correct. Furthermore, the APPLICANT meets all the requirements of the CTO.

SIGNATURE

DATE

CAPACITY



<u>For Office Use Only</u>		
Account No: _____		
Application: Approved / Not Approved _____		
Reason/s for refusal _____		
Approved / Not Approved By:		
Name _____	Signature: _____	Date: _____
Designation _____		

6. SUBMISSION OF APPLICATION

Applications for rates rebate renewal must be submitted by 30 April of each year. 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.