



a world class African city

City of Johannesburg
Property Unit

0860 Joburg (562874)
PO Box 1450, JHB 2000

www.joburg.org.za
ratescomment@joburg.org.za

Application for Pensioner Rebate on Property Rates FOR PENSIONERS AGED 70 AND OLDER

Please attach a certified copy of your Identity Document. Only a signed application form submitted along with a certified copy of your Identity document will be accepted for further processing. Failure to provide the required documentation will result in the application not being approved. The rebate is applicable for only one property should the applicant own more than one property.

CONDITIONS

Pensioners must be 70 years of age or older, own the property and personally occupy the property. The property value must not exceed R2 000 000.

From 1 July 2017

Rates Account Number:

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Personal details of property owner and his/her spouse

Indicate with a cross:

male

female

married

single

widow

widower

Registered property owner

Surname: _____

First Names: _____

Date of birth:

y	y	y	y	m	m	d	d
---	---	---	---	---	---	---	---

Identity number:

--	--	--	--	--	--	--	--	--	--	--	--

Spouse

Surname: _____

First names: _____

Date of Birth:

y	y	y	y	m	m	d	d
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Identity number:

--	--	--	--	--	--	--	--	--	--	--	--

Addresses

Street address: _____

City/Suburb: _____ Postal code: _____

Postal address: _____

City/Suburb: _____ Postal code: _____

Contact details

(H) _____ Cell No: _____

(W) _____ Fax No: _____

Email: _____

Freehold Title ownership

Stand number: _____ Portion number: _____

Suburb: _____

Indicate with a cross whether you occupy the above mentioned property:

yes	no
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How many houses/ living units are there on the above mentioned property?

Sectional Title ownership

Name of Body Corporate: _____

Unit number: ____ Door number: ____

Indicate with a cross whether you occupy the above mentioned property:

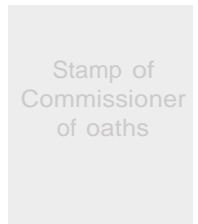
yes	no
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This form may be posted to Director Rates and Taxes, P.O. Box 1450, JHB, 2000 or dropped off at any of the City's service centres for submission to Rates and Taxes.

Thus signed and sworn to, before me at _____ this _____ day of _____

Signature of Applicant

Commissioner of Oaths



FOR OFFICE USE
Checklist

CERTIFIED ID COPY