

## RATES SECTION

### APPLICATION FOR PUBLIC BENEFIT ORGANISATIONS AND NOT-FOR-GAIN INSTITUTIONS EXEMPTION

**2017/18 TO 2020/21**

**Applications for exemptions by public benefit organisations must be accompanied by an original or certified copy of a letter from the SARS confirming that the organisation qualifies for exemption in terms of the Section 30 Income Tax Act, 1962, read with the Ninth Schedule to that Act. All other property owners seeking an exemption must submit either a letter from their auditors, or annual financial statements confirming that the applicant qualifies for an exemption.**

Kindly mark with an X

- properties used exclusively as hospitals, clinics, mental hospitals, orphanages, retirement villages, old age homes, or any other benevolent institutions, provided that any profits from the use of such properties are used entirely for the benefit of the institution and/or to charitable purposes within the Municipality;
- properties belonging to not-for-gain institutions or organisations that perform charitable work;
- land used exclusively for cemeteries and crematoriums;
- properties declared in terms of the Cultural Institutions Act, No. 119 of 1998;
- museums, libraries, art galleries and botanical gardens registered in the name of private persons and open to the public;
- properties registered in the name of a trustee or trustees and/or organisations, as defined in the Social Aid Act, No. 66 of 1989, which are maintained for the welfare of war veterans and their families;
- properties owned and/or used by youth organisations for the promotion and development of the youth; and
- properties owned, or used, by institutions or organisations, the exclusive aim of which is to protect birds, reptiles, fish and animals on a not-for-gain basis;
- properties registered in the name of and used primarily as a place of public worship by a religious community, including an official residence registered in the name of that community which is occupied by an office-bearer of that community who officiates at services at that place of worship in terms of Section 17(1)(i) of the Act;

**The effective date of the rebate will be the date when the Municipality approves the application, irrespective of whether the property qualified for exemption in terms of its use prior to that date.**

**Kindly complete the following in full and return by hand to any Municipal Customer Care Office or post to P.O. Box 834, Port Elizabeth, 6001. Only applications with the original commissioner's oath stamp will be accepted i.e. no copies or faxed applications will be considered. Please note that the onus lies with the applicant to confirm that his/her application has been received by the municipality**

ERF  PORTION NO.  SUBURB

MUNICIPAL ACCOUNT NO 

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REGISTERED OWNER OF PROPERTY (full names or organisations name)					
USAGE (Purpose for which the property is used)					
PHYSICAL ADDRESS OF ORGANISATION				CODE	
POSTAL ADDRESS OF ORGANISATION				CODE	
TELEPHONE NO	HOME			WORK	
	CELL			FAX	
E-MAIL ADDRESS					

I the undersigned ..... (FIRST NAME AND SURNAME PRINTED),

in my capacity as ..... for the abovementioned organisation do hereby

- (i) make oath that the above property complies with all the abovementioned conditions for a public benefit organisations and not-for-gain institutions exemption, in terms of the Municipal Property Rates Act No. 6 Of 2004 and the Nelson Mandela Bay Municipality's rates policy, and
- (ii) authorize that the Municipality may inspect the property at any reasonable time during the financial year to confirm compliance with the conditions of the exemption. Where access is denied, the exemption may be withheld, or withdrawn, if already effective.

.....  
SIGNATURE OF APPLICANT

.....  
DATE

I certify that the deponent has acknowledged that he/she knows and understand the contents of this affidavit, which was signed and sworn to before me at .....

on this ..... day of ..... 20.....

Commissioner of Oath Stamp



.....  
COMMISSIONER OF OATHS FULL NAMES

.....  
SIGNATURE

.....  
**OFFICIAL USE ONLY**

**PERIOD FOR WHICH EXEMPTION IS GRANTED:** .....

**APPROVED (FULL NAMES) :**.....

**SIGNATURE :**.....