

## **Application form for:**

Pensioners Rebate	
Disability Grantee Rebate	
Medically Boarded Rebate	

Please mark with an **X** the type of Rebate being applied for.  
An applicant will qualify for only one of the above rebates

**To be submitted by 30 April of each year**

### **Details**

Full Name of Applicant :

(Registered Owner)

Identity Number

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

Erf Number

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

Rates Account No

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

Refuse Account No

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

Erf Description (Primary Property)

:

Physical Address

(Primary Property)

:

:

Postal Address

:

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

Cellular Phone Number

Home Telephone Number

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

Email Address

:

Domiciliumcitandietexecutandi :

(Service address for legal process)

### **Details of Other Title holders in the Primary Property**

Name	Identity Number	Contact Number