



**APPLICATION FOR ASSESSMENT RATES REBATE – PRIVATE SCHOOLS, UNIVERSITIES,
COLLEGES AND CRECHES**

ASSESSMENT RATES ACCOUNT NUMBER

STAND DETAILS

STAND NUMBER	<input type="text"/>		
TOWNSHIP	<input type="text"/>	EXTENSION	<input type="text"/>
STREET NAME	<input type="text"/>	STREET NUMBER	<input type="text"/>
CUSTOMER CARE CENTRE	<input type="text"/>		
REGISTRATION DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>

ORGANISATION DETAILS

FULL NAME OF ORGANISATION	<input type="text"/>		
ORGANISATION REGISTRATION NO	<input type="text"/>		
POSTAL ADDRESS	<input type="text"/>		
CONTACT NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-MAIL ADDRESS	<input type="text"/>		

DECLARATION

I, the undersigned, in my capacity of

do hereby declare that the above-mentioned property is solely used by the organisation as a registered, subsidized / not subsidized by National or Provincial funding, and that all the information supplied is to the best of my knowledge, true and correct.

CHAIRPERSON:	<input type="text"/>	SIGNATURE	<input type="text"/>
DATE	<input type="text"/>		

Official Organization Stamp

DOCUMENTS TO ACCOMPANY THIS APPLICATION

1. Certified copy of Chairperson Identity document
2. Copy of minutes of meeting confirming election of Chairperson
3. Copy of registration as Educational Institution.
4. Current income tax exemption certificate as issued by SARS
5. Copy of previous financial year audited financial statements – Balance sheet and Income Statement.