



APPLICATION FOR ASSESSMENT RATES REBATE – WELFARE ORGANISATION

ASSESSMENT RATES ACCOUNT NUMBER

STAND DETAILS

STAND NUMBER

TOWNSHIP EXTENSION

STREET NAME STREET NUMBER

CUSTOMER CARE CENTRE

REGISTRATION DATE

ORGANISATION DETAILS

FULL NAME OF ORGANISATION

NAME OF CHAIRPERSON

ORGANISATION REGISTRATION NO

POSTAL ADDRESS

CONTACT NUMBER

E-MAIL ADDRESS

STATE USAGE OF PROPERTY

DECLARATION

I, the undersigned Chairperson of the above Organisation, hereby declare that the above property is being used for the purpose as stated above

CHAIRPERSON: SIGNATURE

DATE

DOCUMENTS TO ACCOMPANY THIS APPLICATION

1. Certified copy of Chairperson Identity document
2. Copy of registration in terms of National Welfare Act, 1978 (Act No. 100 of 1978).
3. Copy of minutes of meeting confirming election of Chairperson