Munisipaliteit SWARTLAND *Municipality*

EIENDOMSBELASTING: AANSOEK OM KORTING OP WAARDASIE:

Swartland Munisipale Eiendomsbelastingbeleid van 2026-2027

PROPERTY RATES: APPLICATION FOR REBATE ON VALUATION:

Swartland Municipal Property Rates Policy of 2026-2027

Aansoeke Finansiële Jaar: 2027/2028 : Financial Year Applications

In gevolge Swartland Munisipale Eiendomsbelastingbeleid mag die Raad ñ korting toestaan op sekere kategorieë van eienaars van beboude residensiële eiendomme. Kwalifiserende senior burgers (wat beteken 'n pensioenaris/persoon wat aftree–ouderdom bereik het) en gestremde persone wat die geregistreerde eienaar/s van beboude residensiële eiendom is, word vriendelik versoek om u aansoek ***NIE LATER AS 30 SEPTEMBER 2026 by enige MUNISIPALE KANTOOR van Swartland Munisipaliteit in te handig*** *of* ***Belastingafdeling epos*** *aan* ***FaroA@swartland.org.za*****.**

In terms of Swartland Municipality's Property Rates Policy, the Council may grant a rebate to certain categories of developed residential property owners. Qualifying senior citizens (meaning a pensioner/person that reached retirement age) and disabled persons who are the registered owner/s of the developed residential property, must please submit an application ***BY NOT LATER THAN 30 SEPTEMBER 2026 at any of the MUNICIPAL OFFICES of Swartland Municipality*** *or* ***email*** ***FaroA@swartland.org.za***

LW - Geen aansoek sal oorweeg word indien die stawende dokumentasie nie ingesluit is nie.
"Eienaar" sluit 'n uitsluitlike vruggebruiker in.
NB - Applications will not be accepted should supporting documentations not be included.
"Owner" includes an exclusive usufructuary.

ERF NR/*NO*:		**REKENING NR:/ *ACCOUNT NO***			
GEREGISTREERDE EIENAAR ***REGISTERED OWNER:*** **Volle Name / *Full Names***					
IDENTITEITSNOMMER ***IDENTITY NUMBER*** **Heg afskrif aan / *Attach a copy***					
STRAATADRES VAN EIENAAR ***STREET ADDRESS OF OWNER***				**KODE** ***CODE***	
POSADRES VAN EIENAAR ***POSTAL ADDRESS OF OWNER***				**KODE** ***CODE***	
TELEFOON NR. **TELEPHONE NO.**	**HUIS** ***HOME***		**SELFOON** ***CELLPHONE***		
EPOSADRES ***EMAIL ADDRESS***					

BELANGRIK: STAWENDE DOKUMENTE / *IMPORTANT: SUPPORTING DOCUMENTS*

	Gesertifiseerde afskrif van strepieskode identiteitsdokument *Certified copy of bar-coded identity document*
	In die geval van 'n gestremde persoon, moet gesertifiseerde bewys van die gestremdheidstoelae verskaf word In the case of a disabled person, certified proof of the disability grant (SASSA)

TOESTEMMING vir die verwerking van persoonlike inligting kragtens die Wet op die Beskerming van Persoonlike Inligting, Wet 4 van 2013 ('POPIA')
CONSENT for the processing of personal information in terms of the Protection of Personal Information Act, Act 4 of 2013 ('POPIA')

Ek magtig hiermee Swartland Munisipaliteit om enige persoonlike inligting (soos in POPIA omskryf) wat op hierdie vorm verskaf word, te gebruik, te hersien en te verwerk ter stawing van die aansoek wat hiermee gedoen word.
Ek verstaan my reg op privaatheid en die reg om my persoonlike inligting volgens die voorwaardes van die wettige verwerking van persoonlike inligting te laat verwerk. Hiermee verleen ek my toestemming aan die Swartland Munisipaliteit om tersaaklike persoonlike inligting in te samel, te verwerk, te berg en te versprei, waar dit ookal van die Munisipaliteit vereis word om dit te doen, suiwer ten opsigte van hierdie aansoek en om ingevolge wetgewing van sodanige persoonlike inligting ontslae te raak, met dien verstande dat die Munisipaliteit:

(a) redelike sekerheidsmaatreëls instel wat ontwerp is om persoonlike data teen verlies, wangebruik, wysiging, vernietiging of skade te beskerm; en
(b) stappe doen om toegang tot persoonlike data te beperk tot daardie beamptes wat toegang daartoe moet hê**.**

I hereby authorise Swartland Municipality to use, review and process any personal information (as defined in POPIA) provided in this form in support of the application made hereby.
I understand my right to privacy and the right to have my personal information processed in accordance with the conditions for the lawful processing of personal information and hereby give my consent to the Swartland Municipality to collect, process, store and distribute relevant personal information where the Municipality may be required to do so, solely in respect of this application, and to dispose of such personal information as required by law, on the understanding that the Municipality:

(a) implements reasonable security safeguards designed to protect personal data from loss, misuse, alteration, destruction or damage; and
(b) takes steps to limit access to personal data to those officials who need to have access to it.

BY ONDERTEKENING VAN HIERDIE DOKUMENT BEVESTIG U DAT ALLE INLIGTING WAT U VERSKAF HET, AKKURAAT EN VOLLEDIG IS EN INDIEN DIT BEVIND WORD DAT U VALSE OF ONVOLLEDIGE INLIGTING VERSKAF HET OM TE KWALIFISEER VIR DIE KORTING, DIE KORTING NIE TOEGESTAAN SAL WORD NIE.
BY SIGNING THIS DOCUMENT YOU DECLARE THAT ALL THE INFORMATION YOU HAVE PROVIDED IS ACCURATE AND COMPLETE. SHOULD IT BE FOUND THAT FALSE INFORMATION HAS BEEN PROVIDED TO QUALIFY FOR THE REBATE, THE REBATE WILL BE DISALLOWED.

Ek, die ondergetekende,
I, the undersigned,

……

(VOLLE NAAM EN VAN IN DRUKSKRIF / *FULL NAME AND SURNAME PRINTED)*

verklaar hiermee dat die inligting wat in hierdie aansoek verskaf is, volledig en waar is, in ooreenstemming met die vereistes vir 'n korting soos uiteengesit in Swartland Munisipaliteit se Eiendomsbelastingbeleid vir 2026–2027. Ek sertifiseer verder dat ek ten volle aan die voorgeskrewe voorwaardes voldoen en bevestig dat ek 'n pensioenaris/ persoon wat aftree–ouderdom bereik het of 'n gestremde persoon is.

I hereby declare that the information provided in this application is complete and truthful, in accordance with the requirements for a rebate as set out in Swartland Municipality's Property Rates Policy for 2026–2027. I further certify that I fully comply with the prescribed conditions and confirm that I am a pensioner/person who has reached retirement age or a disabled person.

…… ……

HANDTEKENING VAN AANSOEKER ***/ SIGNATURE OF APPLICANT*** **DATUM/*DATE***

VERKLAAR EN GETEKEN TE …… OP HIERDIE …….DAG VAN …… 2026

TESTIFIED AND SIGNED AT……ON THIS…….DAY OF ……..2026

nadat die verklaarder erken dat hy/sy ten volle op hoogte is met die inhoud van die voorafgaande verklaring en dit wel verstaan en begryp. / *by the deponent who acknowledges that he/she knows and understands the content of this affidavit and that it is true and correct,*

VOOR MY, / *BEFORE ME,*
KOMMISSARIS VAN EDE / *COMMISIONER OF OATH*

COMMISIONER OF OATH

PLEASE STAMP AND SIGN HERE

****

OFFICIAL USE ONLY:
APPROVAL IS HEREBY GRANTED FOR A REBATE AS PER APPLICATION
PERIOD FOR WHICH THE REBATE IS GRANTED: 1 JULY 2027 UNTIL 30 JUNE 2028

EFFECTIVE DATE: <u>1 July 2027</u>

CHECKED BY:

…… …… ……..
FULL NAMES **SIGNATURE** **DATE**

AUTHORISED BY:

…….. …….. ……
FULL NAMES **SIGNATURE** **DATE**