

## APPLICATION FOR PUBLIC PLACE OF WORSHIP EXCLUSION in terms of Section 17(1)(i) of the Municipal Property Rates Act, 6 of 2004

**ASSESSMENT RATES ACCOUNT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**STAND DETAILS** (To be completed by all applicants)

|              |  |               |  |
|--------------|--|---------------|--|
| STAND NUMBER |  |               |  |
| TOWNSHIP     |  | EXTENSION     |  |
| STREET NAME  |  | STREET NUMBER |  |

Property in respect of this application is exclusively used as (Mark with X) :

a) Place of PUBLIC worship  

i. Name of Institution  

ii. Income Tax Exemption Number  

**OR**

b) Official Residence of Office Bearer who officiates at services  

i. Name of Office Bearer  

ii. Associated Place of Public worship rates account number in respect of which exemption exist  

**REGISTERED OWNER DETAILS**

|                               |  |  |  |  |  |  |  |  |  |  |  |             |  |
|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|-------------|--|
| FULL NAME OF REGISTERED OWNER |  |  |  |  |  |  |  |  |  |  |  |             |  |
| POSTAL ADDRESS                |  |  |  |  |  |  |  |  |  |  |  |             |  |
|                               |  |  |  |  |  |  |  |  |  |  |  |             |  |
|                               |  |  |  |  |  |  |  |  |  |  |  | POSTAL CODE |  |
| OFFICE TELEPHONE NUMBER       |  |  |  |  |  |  |  |  |  |  |  |             |  |
| CELLULAR PHONE NUMBER         |  |  |  |  |  |  |  |  |  |  |  |             |  |
| E-MAIL ADDRESS                |  |  |  |  |  |  |  |  |  |  |  |             |  |

**SWORN AFFIDAVIT**

I, the undersigned....., do hereby declare that :

- The property concerned is exclusively used for purposes of **PUBLIC WORSHIP** or as **OFFICIAL RESIDENCE** of office bearer officiating at services.
- Part or portion thereof is NOT sub-let.
- Declare that I am duly authorized to sign this document.
- That the information supplied is to the best of my knowledge, true and correct.

|                        |  |                       |   |   |   |   |   |   |   |  |  |
|------------------------|--|-----------------------|---|---|---|---|---|---|---|--|--|
| SIGNATURE OF APPLICANT |  | COMMISSIONER OF OATHS |   |   |   |   |   |   |   |  |  |
| DATE                   | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">Y</td><td style="width: 10%; text-align: center;">Y</td><td style="width: 10%; text-align: center;">Y</td><td style="width: 10%; text-align: center;">Y</td><td style="width: 10%; text-align: center;">M</td><td style="width: 10%; text-align: center;">M</td><td style="width: 10%; text-align: center;">D</td><td style="width: 10%; text-align: center;">D</td> </tr> </table> | Y                     | Y | Y | Y | M | M | D | D |  |  |
| Y                      | Y  | Y                     | Y | M | M | D | D |   |   |  |  |

**THE FOLLOWING DOCUMENTATION MUST BE ATTACHED :**

1. Certified copy of authorized person’s ID document
2. Certified copy of letter of authority to act on behalf of organization.
3. If application is in respect of “Place of Public Worship” :
  - a. Certified copy of Tax exemption certificate issued by the South African Revenue Services (SARS) as contemplated in Part 1 of the Ninth Schedule of the Income Tax Act ,1962 (Act 58 of 1962).
4. If application is in respect of “Official Residence of Office Bearer” :
  - a. Certified copy of Tax exemption certificate issued by the South African Revenue Services (SARS) as contemplated in Part 1 of the Ninth Schedule of the Income Tax Act ,1962 (Act 58 of 1962)
  - b. Appointment letter of Office Bearer.
  - c. Certified copy of Office bearer ID document.

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FOR OFFICIAL USE

All Required documentation submitted by applicant

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| Yes | No |
|-----|----|

New Tariff Code to be linked <If Applicable>

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|  |
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Application reviewed and Approved

|     |    |
|-----|----|
| Yes | No |
|-----|----|

Approved By :

Designation

Date