

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

**ASSESSMENT RATES ACCOUNT NUMBER**

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**STAND DETAILS**

STAND NUMBER											
TOWNSHIP		EXTENSION									
STREET NAME		STREET NUMBER									
CUSTOMER CARE CENTRE											
REGISTRATION DATE	<table border="1" style="display: inline-table; text-align: center; font-size: small;"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D		
Y	Y	Y	Y	M	M	D	D				

**ORGANISATION DETAILS**

FULL NAME OF ORGANIZATION			
TYPE OF ORGANIZATION	Private (Independent) primary school (regardless of whether subsidized or not), registered as educational institution.		
	Private (Independent) secondary school (regardless of whether subsidized or not), registered as educational institution.		
	Private (Independent) University, registered as educational institution <b>not subsidized by state</b>		
	Private (Independent) college, registered as educational institution <b>not subsidized by state</b>		
	Crèche registered as educational institution		
ORGANIZATION REGISTRATION NO (EMIS – Education Management Information System)			
CONTACT NUMBER			
CONTACT NAME			
E-MAIL ADDRESS			
Appointed External Auditors Name			
Contact Number			

<b>FINANCIAL DETAILS</b> (Per submitted statements)	Financial Year End	
	Date	Date
GROSS INCOME		
GOVERNMENT / PROVINCIAL SUBSIDIES (Included in Gross Income)		
NETT PROFIT		
PROFIT AS % OF GROSS INCOME	%	%

**DECLARATION – EXTERNAL AUDIT FIRM**

I ..... duly authorized representative of (External Audit Firm) .....  
 ....., in my capacity of ..... do hereby confirm that the above-mentioned FINANCIAL DETAILS in respect of institution fairly represent status as reflected in financial statements.

NAME : 

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 DATE 

Y	Y	Y	Y	M	M	D	D
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SIGNATURE 

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Official Organization Stamp
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**DECLARATION - CHAIRPERSON**

I ..... the undersigned, in my capacity of Chairperson of Governing Body do hereby declare that the above-mentioned property is registered in the name of organization, solely used for purpose as indicated above and subsidized / not subsidized by National or Provincial funding.

CHAIRPERSON: 

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 DATE 

Y	Y	Y	Y	M	M	D	D
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SIGNATURE 

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Official Organization Stamp
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**DOCUMENTS TO ACCOMPANY THIS APPLICATION**

1. 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)
2. Certified Copy of registration as Educational Institution - EMIS
3. Copy of previous financial year audited financial statements – Balance sheet and Income Statement
4. Certified Copy of minutes of meeting confirming election of Chairperson
5. Certified Copy of Chairperson Identity document

**FOR OFFICIAL USE**

All Required documentation submitted by applicant

Yes	No
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New Tariff Code to be linked <If Applicable>

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Application reviewed and Approved

Yes	No
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Approved By : \_\_\_\_\_

Designation \_\_\_\_\_

Date \_\_\_\_\_