

RATES SECTION

APPLICATION TO BE CATEGORISED AS A PUBLIC BENEFIT ORGANISATION PROPERTY

Public Benefit organisation Property is property owned by public benefit organisations and used for any specified public benefit activity listed in item 1 (welfare and humanitarian), item 2 (health care), item 4 (education and development) of part 1 of the Ninth Schedule to the Income Tax Act; and social housing

Kindly mark with an X in the blocks provided below for which public benefit activity the property is being used:-

A. Item 1 (welfare and humanitarian), item 2 (health care) or item 4 (education and development)

☐	Item 1 Welfare and Humanitarian
☐	Item 2 - Health Care
☐	Item 4 - Education and Development

With regards to the above items kindly provide details of which activities, as contained in the Local Government: Municipal Property Rates Act - Circular No. 4 (issued on 19 March 2010), the property is being used:-

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Applications to be categorised as a **Public Benefit Organisation Property – Items 1, 2 or 4** (as defined in the abovementioned Circular) **must** be accompanied by:

- an *original or certified copy of a letter* from the South African Revenue Services (SARS) confirming that the organisation is registered with SARS as a Public Benefit Organisation in terms of Part I (1, 2 or 4) of the Ninth Schedule of the Income Tax Act; and
- a *tax clearance certificate* which indicates that the Public benefit Organisation has its tax affairs in order in terms of the Income Tax Act.

B. Social Housing

Social Housing is property registered in the name of an institution accredited in terms of the Social Housing Act 16 of 2008 which provides rental of co-operative housing operations for households with a gross monthly household income less than the maximum housing subsidy income limit. The property for which the organisation is applying must be used for the provision of such social housing.

☐	Social Housing
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Applications to be categorised as a **Public Benefit Organisation Property – Social Housing** (as defined in the Property Rates Policy) **must** be accompanied by:

- proof that the applicant (organisation) is accredited in terms of the Social Housing Act 16 of 2008; and
- an *original or certified copy of a letter* from the South African Revenue Services (SARS) confirming that the organisation is registered with SARS as a Public Benefit Organisation in terms of Part I (3(a)) of the Ninth Schedule of the Income Tax Act; and
- a *tax clearance certificate* which indicates that the Public Benefit Organisation has its tax affairs in order in terms of the Income Tax Act.

Kindly complete the following in full and return by hand to any Municipal Customer Care Office or post to P.O. Box 834, Port Elizabeth, 6001. Only applications with the original commissioner of oath stamp will be accepted i.e. no copies or faxed applications will be considered. Please note that the onus lies with the applicant to confirm that his/her application has been received by the municipality

The effective date will be the date when the Municipality approves the application, irrespective of whether the property qualified in terms of its use prior to that date.

ERF

PORTION NO.

SUBURB

REGISTERED OWNER OF PROPERTY				
PHYSICAL ADDRESS OF ORGANISATION			CODE	
POSTAL ADDRESS OF ORGANISATION			CODE	
TELEPHONE NO	HOME		WORK	
	CELL		FAX	
E-MAIL ADDRESS				

MUNICIPAL ACCOUNT NO

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I the undersigned (FIRST NAME AND SURNAME PRINTED),

in my capacity as for the abovementioned organisation do hereby

- (i) make oath that the above property complies with the conditions to be rated as a Public Benefit Organisations, in terms of the Municipal Property Rates Act No. 6 Of 2004, the Municipal Property Rates Regulations published in Government Gazette No. R33016 of 12 March 2010 and the NMBMM's rates policy, and
- (ii) authorise that the Municipality may inspect the property at any reasonable time during the financial year to confirm that it is being used for public benefit activities. Where access is denied the category will revert to the original category.

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SIGNATURE OF APPLICANT

.....
DATE

I certify that the deponent has acknowledged that he/she knows and understand the contents of this affidavit, which was signed and sworn to

Commissioner of Oath Stamp

before me at

on this day of 20.....

.....
COMMISSIONER OF OATHS FULL NAMES

.....
SIGNATURE

OFFICIAL USE ONLY

APPROVED (FULL NAMES):

SIGNATURE:

DATE: