

G: Clearance Application Checklist (Continue from previous page)

Improved Connection Stand: Should the Business Partner be invoiced for any installation other than supplied by the City of Johannesburg, please provide us with this information and attached copies of such installations if available.

Zoning Business Residential Agricultural Other: _____

Joburg Water Water Scheme Account No. _____

City Power Eskom Power Account No. _____

Pikitup Bins Pikitup Skip Waste Private Refuse Removal Account No. _____

French Drain/Septic Tank Joburg Sewerage Account No. _____

If available, please complete the following:

Water Meter No.	Reading	Date Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
Electricity Meter No	Reading	Date Taken
_____	_____	_____
_____	_____	_____

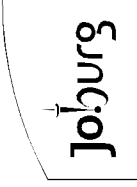
Please Attached: For the establishment of a new suburb or consolidation and subdivision of stand

Comments: Business Residential

H: Conveyancer Attorney Signature

Signed at _____ on the _____ day of _____ year _____

Conveyancing Attorney Signature _____ Witness _____



a world class African city

Rates Clearance Application Form

Clearance Application

Statement of charges payable in terms of Section 118 of The Local Government: Municipal Systems Act no. 32 of 2000

General Conditions

- Only ONE application per PROPERTY will be accepted.
 - This form MUST be completed for every request or extension, by a Conveyancing Attorney.
 - In the case of Joint Ownership of purchaser, the information as required on this application MUST be provided for ALL the respective owner plus ID copies to be included.
 - All refunds will be made to Conveyancing Attorney.
 - Subject to there being no outstanding Council levies or queries on services the application will be processed within five (5) working days. All other will be provided within five (5) working days once all outstanding queries are resolved.
 - A clearance certificate will only be issued 24 hours after receipt of payment.
 - ONLY bank ATTORNEY'S TRUST CHEQUES and CASH are accepted. The CoJ will not be bound by any error in calculi.
- Failure to meet all the above conditions will result in a delay in your application**

A: Application Details

Date of Application:

For official use only:
 Reference No.: _____
 Administrator Code: _____
 Administrator Signature: _____

The Clearance Certificate is required for: (Mark with an "X")

Rezoning Transfer Subdivision Consolidation Sectional Title

B: Conveyancer / Attorney Details

Conveyancing Attorney / Firm Name: _____
 CoJ Attorney Code: _____
 Practice No.: _____
 Business Address: _____

Telephone No.: _____
 E-mail Address: _____
 Contact Person 1.: _____
 Contact Person 2.: _____
 Contact Person 3.: _____

Means by which the clearance schedule is returned to applicant: (Mark with an "X")

Collect Mail Send per Legal Express Docex No. _____

C: Property Details

(For Sectional Titles Please Also Complete Section F)
 Physical Address of Property: _____

 _____ Code _____
 Erf No. / Farm No.: _____ Extension: _____
 Portion No.: _____ (if applicable) _____ Remainder of Township: _____
 Suburb:

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 Date of sale

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 _____ Selling Price: _____

D: Transferee (Seller)

Ownership Type: (Mark with an "X")
 Natural Person / Individual Company / Trust Join Ownership Other (Specify) _____
 Owner No. 1: _____
 Surname(s): _____ Title: _____
 Full Name(s): _____
 RSA ID No.

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If not RSA Citizen,
 Passport No. _____
 Assessment Rates Account No.:

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 Owner No. 2 _____
 Surname(s): _____ Title: _____
 Full Name(s): _____

RSA ID No.

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If not RSA Citizen,
 Passport No. _____
 Assessment Rates Account No.:

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Company / Trust

Name: _____
 Reg. No.: _____
 Assessment Rates Account No.:

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 Telephone No. (h): _____ Tel.No. (b): _____
 Fax No.: _____ Cell No. (b): _____
 E-mail address: _____
 Forwarding address after transfer: _____
 _____ Code: _____

E: Transferor (Purchaser)

Ownership Type: (Mark with an "X")
 Natural Person / Individual Company / Trust Join Ownership Other (Specify) _____
 Owner No. 1: _____
 Surname(s): _____ Title: _____
 Full Name(s): _____
 RSA ID No.

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 Owner No. 2 _____
 Surname(s): _____ Title: _____
 Full Name(s): _____

RSA ID No.

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If Company (Specify Name): _____ Reg No. _____
 Assessment Rates Account No.:

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 Telephone No. (h): _____ Tel.No. (b): _____
 Fax No.: _____ Cell No. (b): _____
 E-mail address: _____
 Postal address where accounts are held: _____

 _____ Code: _____

F: Sectional Title Information (if applicable)

Sectional Title Scheme name: _____
 Sectional Title Scheme number: _____
 Sectional Title Unit Number: _____
 Sectional Title Complex name: _____
 Sectional Title Door number: _____

G: Clearance Application Checklist

Please tick where applicable and attach a copy of the title deed reflecting the current Business Partner if available.
A. Zone Type Applicable:
New Suburb
 Business Residential Agriculture If Other, please Specify _____
Subdivision / Consolidation
 Business Residential Agriculture If Other, please Specify _____
Vacant
 Business Residential Agriculture If Other, please Specify _____