|  |
| --- |
| **CERTIFICATE TO BE:-** |
| DOCEX |  |
| KINGS |  |
| COLLECTED |  |
| EMAILED |  |
| POSTED |  |



 ETHEKWINI MUNICIPALITY

 WRITTEN STATEMENT RE- RATE CLEARANCE (To be completed in full)

**\*MANDATORY FIELD/S TO BE COMPLETED**

**\*REGISTERED OWNER/S**: ………………………………………………………………………………………………………………………………

**\*PROPERTY DESCRIPTION:** ………………………………………………………………………………………………………………………….…

……………………………………………………………………………………………………………………………………………………….

**\*ATTACHED IDENTITY CO. OF REGISTERED OWNER/S AND MARRIAGE CERTIFICATE IF APPLICABLE**…………………………………………………………………………………………………………………………………………

(1) SITUATED IN THE REGISTRATION DIVISION OF THE CITY OF DURBAN WITHIN THE AREA OF JURISDICTION OF THE ETHEKWINI MUNICIPALITY

**\*PROPERTY PHYSICAL DESCRIPTION ADDRESS** (Please supply Flat No/ Door No if it is a Sectional Title):

………………………………………………………………………………………………………………………………………………………......

…………………………………………………………………………………………………………………………………………………………..

**ECLUSIVE USE AREA……………………………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………………………………………..**

**…………………………………………………………………………….**

**\*EXTENT**…….......SQUARE METRES/HECTRES **VOLUME NO.** **RATE NO.**

**\* TRANSFEREE**…………………………………………………………………………………………………………………………………………...

**\*NEW POSTAL ADDRESS OF TRANSFEREE**………………………………………………………………………………………………………….......

……………………………………………………………………………………………………………………………………………………….......

……………………………………………………………………………………………………………………………. **POSTAL CODE**……………

**\*ATTACH IDENTITY COYPY OF TRANSFEREE…………………………………………………………………………TELNO………………………………………………………………………………………………………….**

 **YEAR MONTH DATE**

**R**

**DATE OF SALE: \*PURCHASE PRICE**

**\*CONSOLIDATED BILLING NO:** (Water & Electricity Account/ Meter Number/s)

**\*ATTACH LATEST COPY OF ELECTRICITY BILL ACC/ METER NO AND** **WATER BILL ACC/ METER NO**……………………………………………...

**\*NAME OF ATTORNEY FIRM ………………………………………………………………………………………………………………………….. \*NAMR OF CONVEYANCER …………………………………………………………………………………………………………………………...**

**\* ADDRESS/ E-MAIL OF ATTORNEY FIRM…………………………………………………………………………………………………………….**

N.B: SURVEY DIAGRAMS AND PTB MINUTES MUST BE ATTACHED FOR ALL NEW SUB- DIVISIONS

**\*PARENT PROPERTY RATE NUMBER**: ……………………………………………………………………

**\*SEC 28(1) DATE**: …………………………………………………………………………………………

THE FOLLOWING APPLICATION FEES, ACCORDING TO PROPERTY VALUE, MUST BE RECEIPTED BY THE ATTORNEY/ CONVEYANCER BEFORE SUBMISSION TO THE REVENUE CLEARANCE SECTION FOR ASSESSMENT/S

|  |  |  |  |
| --- | --- | --- | --- |
| PROPERTY VALUE | TARIFF | ACCOUNT NO | AMOUNT |
| Greater than R185 000 |  **R195.00** |  **200 9340 0257** |  |
|  |
| Less than R185 000 |  **R292.00** |  **200 9340 0257** |  |
| EXCLSUIVE USE AREA | **TARIFF** | **ACCOUNT NO** | **AMOUNT** |
| SAME AMOUNT |  **R195.00** |  **200 9340 0257** |  |

* **PLEASE COMPLETE REVERSE SIDE ( NOTIFICATION OF ADRESS)**

 **\*INCOMPLETE APPLICATION/S WILL NOT BE ACCEPTED**

**NOTIFICATION FOF ADDRESS**

**NOTIFICATION OF ADRESS FORM TO BE COMPLETED AND SIGNED BY TRANSFEREES**

(IN TERMS OF SECTION 105 OF DURBAN EXTENDED POWERS CONSOLIDTAED ORDINANCE NO. 18 OF 1976)

**TO:** THE REVENUE CLERANCE SECTION

 CITY TREASURER’S DEPARTMENT

 P O BOX 828

 DURBAN

**RATE NO:**

**DESCRIPTION OF PROPERTY:** …………………………………………………………………………………………..

…………………………………………………………………………………………………………………………...

…………………………………………………………………………………………………………………………...

**PROPERTY ADDRESS:** …………………………………………………………………………………………………...

…………………………………………………………………………………………………………………………..

**FULL NAME OF TRANSFEREE/S:** ………………………………………………………………………………………..

 (IN BLOCK LETTERS)

**IDENTITY OF TRANSFEREE/S:** …………………………………………………………………………………………

**POSTAL ADDRESS TO WHICH RATE NOTICES ARE TO BE SENT UNTIL AMENDED BY ME IN WRITING**

**POSTAL ADDRESS (IN BLOCK LETTER):** ………………………………………………………………………………...

……………………………………………………………………………………………………………………………………………………………………………………………………………………………..**CODE**………………...

**TELEPHONE NUMBER:** (BUSINESS) ……………………………………. (RESIDENTIAL)…………………………..

 (CELL)…………………………………………...

**SIGNATURE:** …………………………………………………………………………………………………………….

**PRINT NAME:** …………………………………………………………………………………………………………...

**DATE**: …………………………………………………………………………………………………………………..

**IMPORTANT: UNLESS THIS FORM IS COMPLETED IN FULL, RATE NOTICES MAY NOT REACH THE REGISTERED OWNER**