

**APPLICATION FOR COVID-19 PAYMENT ARRANGEMENTS FOR RATEPAYERS**

**THE TERMS OF THIS APPLICATION WILL BE AS FOLLOWS:-**

1. Payment arrangements will be made for balances from April 2020 to December 2020. Total interest accumulated during this period will be reversed.
2. Arrangements will be over a period of 6 months (January 2021 to June 2021).
3. Payment arrangements will only be considered for customers whose balances was not over 90 days as at March 2020.
4. The tourism sector will receive an additional 5% rebate for 2020/2021 financial year as per the council approved tariff's policy.
5. Should a customer default on the payment arrangement, all interest written off will be restated and the total debt will be due for collection.

**AFFIDAVIT**

I.....

(Registered owner)

I.D Number/s:.....Of

(Physical Address) :.....(Address of rateable property in question)

Postal

Address:.....Code.....

Contact Details:.....(Tel.no.).....(Cell no)

Do solemnly affirm, make and say:-

1. That I am the registered owner and occupier of :

.....(Full description of the property including category)

Rates Account Number..... Refuse Account Number:.....

My income was affected by the Covid19 pandemic as follows:-

2. Normal monthly income: R.....

3. Monthly income during lockdown R.....

**SIGNATURE (Applicant).....DATE.....**

**AFFIDAVIT SIGNED IN PRESENCE OF A COMMISIONER OF OATHS**

Sworn /affirmed at .....this.....Day of.....2020 before me, the deponent having  
Acknowledge that he/she knows and understands the contents hereof and considers the prescribed oath/affirmation  
Administering by me to be binding on him / her.

He / She understands that any false information provided may lead to legal action.

DETAILS OF COMMISIONER:

**FULL NAME:**.....

**I.D NUMBER:**.....

Official address.....Signature.....

**PS: PLEASE REMEMBER THAT A CERTIFIED COPY OF ID DOCUMENT AND BANK STATEMENT MUST ACCOMPANY THIS DOCUMENT.**

OFFICIAL USE: COVID19 SPECIAL PAYMENT ARRANGEMENT APPLICATION

Rates Account Number..... Refuse Acc Number:.....

Received on the.....day of .....

I hereby confirm that the property listed herein is registered in the name of:

.....

Balance as at March 2020 (Rates) ..... Balance as at March  
2020(Refuse).....

Days owing as at March 2020(Rates)..... Days owing as at March 2020  
(Refuse).....

Total rates & refuse from March 2020-December 2020.....

Amount to pay from January 2021- June 2021.....(please note that this amount should include  
monthly rates & refuse during this period)

Signature.....(Municipal Official)

Document attached

• Copy of the identity documents Yes /No..... Certified

• Bank Statements Copies Yes/No..... Last 3 months

\_\_\_\_\_  
FINANCE MANAGER

\_\_\_\_\_  
Authorised

\_\_\_\_\_  
CHIEF FINANCIAL OFFICER

\_\_\_\_\_  
Approved

