



**CONSENT TO THE SOUTH AFRICAN REVENUE SERVICE (SARS) IN TERMS OF SECTION 69(6) (b) OF THE TAX ADMINISTRATION ACT NO 28 OF 2011 (TAA).**

I/we\*, the undersigned Applicant(s), hereby give consent to SARS to disclose my/our information to the King Sabata Dalindyebo Municipality and the National Department of Cooperative Governance (COGTA) for purposes of verifying the details of my/our income levels that I/we\* have disclosed to the King Sabata Dalindyebo Municipality in support of my/our\* application for a municipal indigent grant.

**Particulars of Indigent Applicant**

Municipality Name	
Name and surname (including maiden name, if applicable)	
Identity number	
Date of birth	
Taxpayer reference number	
Marital status	
Spouse's name and surname	
Spouse's identity number	
Spouse's date of birth	
Spouse's taxpayer reference number	
Residential address/ stand number / erf number	

**Particulars of other household member(s) earning an income\*\***

## PART A: REGISTRATION AS A MUNICIPAL INDIGENT CUSTOMER

## PROPERTY DETAILS

Type of stand /Intlobo yomhlaba	Only Residence/Abahlalibodwa	Other-Specify/Okunye-chaza	
Township/Village/Suburb name/Isiphaluka			Ward
Ward Councillor /Uceba			
House/Stand number & Street name/Inombolo yendlu			
Number of rented units in backyard/Inombolo yamagumbi arentisayo ngasemva		Total number of occupants in rented units/Inombolo yabantu abarentayo bebonke	

Occupant status (responsible for municipal account)	Owner/Umninindlu	-1-		-2-	Child-headed/Umzi ongena bazali	Other-Specify/Okunye-chaza
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Municipal Services Received /Taxed	Do you have electricity in your ward? And in your household?/Ingaba ukhona umbane elaliniyakho?nasendlini yakho?	Yes/No? Ewe okanye Hayi	If yes provide the meter no/Ukuba kunjalo bhala inombolo yecard lombane	If the ward have electricity and there is no electricity in your h/hold please provide reasons for that/ Ukuba apha elalini ukhona umbane wena akunawo umbane endlini yakho chaza isizathu esibangela ungabi nawo
	Does the Municipality bill your household rates and refuse removal?/Ingaba uMasipala uyazi koleka inkonzo zakhe endlwini yakho?	Yes/No Ewe okanye Hayi	If yes provide the account number/erf number/Ukuba kunjalo bhala Inombolo ye akhawunti okanye yomhlaba	

## CUSTOMER DETAILS

Title and Initials (Prof/Dr/Mr/Mrs/Ms)/Isini	
Surname/ Ifani	
ID number (fill all blocks below) (Attach copy of ID to this page)/ Inombolo yesazisi gcwalisa ezithubeni ngaphantsi(ncamathiselakopyesazisi)	
Preferred language/Ulwimi olukhethekileyo	
Postal address/ Idilesi ye posi	
Postal code/Ikhowudi yeposi	
Telephone (home)/u=Umnxeba (ekhaya)	( )
Cell no )/ Inomba yecelula	( )
Fax number/ Inombolo ye fekisi	( )
Cell phone number/ Inombolo kanomyayi	
Gender and Race/Isin ikunye nobuhlanga	M F

## DETAILS OF PERSONS OLDER THAN 18 YEARS

1	Name and Surname/Igama nefani	
2	Name and Surname/Igama nefani	
3	Name and Surname/Igama nefani	
4	Name and Surname/Igama nefani	
5	Name and Surname/Igama nefani	
6	Name and Surname/Igama nefani	
	B W C I A	

<b>efumanekayo ekhayeni ngenyanga idibanisa inkamnkam, umvuzooqhelekileyo nayoyonke into esisibonelelo sikarhulumente</b>	-1-	-2-	-3-	-4-
<small>Including pensions, regular family support and all government support grants</small>	<b>Total number of persons in this household? (excluding backyard tenants)/Inani labantu abahlala apha ekhayeni ingaphandle kwaba hlala ngasemva</b>		<b>Who is the head of this household? (Name &amp; Surname)/Ngubani intloko yekhaya?(Igama nefani)</b>	

I hereby apply to the Council to be registered as an indigent consumer household./Ndiyacela kwiqumrhu ukubhalisa njengomzi ohluphekileyo.

\_\_\_\_\_/\_\_\_\_/20  
 Signature Date of Application ID of Applicant Name

\_\_\_\_\_/\_\_\_\_/20  
 Signature: Ward Cllr Date

**ATTACHEMENTS:**

1. CERTIFIED ID COPY
2. PROOF OF INCOME: SASSA STATEMENT/ BANK STATEMENT & OR AFFIDAVIT
3. RATES STATEMENT
4. ELECTRICITY SLIP