



OLD AGE PENSIONER REGISTRATION

Date:	_____		
Account nr:	_____	Erf / Area Details:	_____
Account Holder:	_____	Physical address:	_____
ID nr:	_____	E-mail address:	_____
Contact nr:	_____		_____

An 80% rebate will be granted under the following conditions:

- Owner/s of residential premises, with only one dwelling erected on premises
- Occupant/s of premises
- Total combined household income from all resources, may not exceed **R9 490.00** per month

DH MAKOBE
MUNICIPAL MANAGER

Required documentation to be attached:

- Municipal account
- Copy of ID/s
- 3 months Bank Statements
- Proof of Income
- Supporting documents, if needed

for queries: 015 023 5186
amandaj@polokwane.gov.za

AFFIDAVIT / VERKLARING

I, _____ hereby declare:

1. I am the registered Owner **and** reside on the property _____
2. The **TOTAL**, combined household income, from all resources, does not exceed **R9 000.00**
3. I understand and confirm all details given to be true.
- 4 My residential address is: _____

Signed on this _____ day of _____

SIGNATURE

COMMISSIONER OF OATH

For office use only

Date received _____	Signature _____
Query Outstanding <input type="checkbox"/> Yes <input type="checkbox"/> No	Reference _____
Details of Query _____	

Query Date _____	Date Sorted _____
Approved _____	Reference _____
Not Approved _____	Reference _____
Additional Information _____	
Signature _____	