



DATE STAMP HERE

POLOWANE MUNICIPALITY

CONSENT FORM – INCENTIVE SCHEME CR/51/10/22

ACCOUNT NUMBER:

Name:

OWNER ID NUMBER											

APPLICANT ID NUMBER											

If Not Owner, Relationship to owner:

Cell Number:

E-mail Address:

- I give permission to Council to vet/ check my ID number at The Credit bureau
- I confirm that the information supplied by myself is true and correct
- I voluntarily participate under this incentive scheme
- I acknowledge that once the incentive has been calculated and registered it will not be re-calculated again for the duration of the Incentive Scheme. End 30 November 2023
- I acknowledge that I automatically move to the next reduced incentive percentage and duration as stipulated on my Incentive calculation when I fail to pay on the first month.

Signature of Applicant: Date :

Official use only

PROPENSITY TO PAY			
Classification 1		Classification 2	

Balance:Incentive discount:

Back charge:Interest.....

Total Amount due.....

1 st Month	1 – 3 Months	3 – 6 Months	6 – 9 Months	9 – 12 Months



DATE STAMP HERE

POLOWANE MUNICIPALITY

CONSENT FORM – INCENTIVE SCHEME CR/51/10/22

ACCOUNT NUMBER:

Name:

OWNER ID NUMBER									

APPLICANT ID NUMBER									

If Not Owner, Relationship to owner:

Cell Number:

E-mail Address:

- I give permission to Council to vet/ check my ID number at The Credit bureau
- I confirm that the information supplied by myself is true and correct
- I voluntarily participate under this incentive scheme
- I acknowledge that once the incentive has been calculated and registered it will not be re-calculated again for the duration of the Incentive Scheme. End 30 November 2023
- I acknowledge that I automatically move to the next reduced incentive percentage and duration as stipulated on my Incentive calculation when I fail to pay on the first month.

Signature of Applicant: Date :

Official use only

PROPENSITY TO PAY			
Classification 1		Classification 2	

Balance:Incentive discount:

Back charge:Interest.....

Total Amount due.....

1 st Month	1 – 3 Months	3 – 6 Months	6 – 9 Months	9 – 12 Months



DATE STAMP HERE

POLOWANE MUNICIPALITY

CONSENT FORM – INCENTIVE SCHEME CR/51/10/22

ACCOUNT NUMBER:

Name:

OWNER ID NUMBER											

APPLICANT ID NUMBER											

If Not Owner, Relationship to owner:

Cell Number:

E-mail Address:

- I give permission to Council to vet/ check my ID number at The Credit bureau
- I confirm that the information supplied by myself is true and correct
- I voluntarily participate under this incentive scheme
- I acknowledge that once the incentive has been calculated and registered it will not be re-calculated again for the duration of the Incentive Scheme. End 30 November 2023
- I acknowledge that I automatically move to the next reduced incentive percentage and duration as stipulated on my Incentive calculation when I fail to pay on the first month.

Signature of Applicant: Date :

Official use only

PROPENSITY TO PAY			
Classification 1		Classification 2	

Balance:Incentive discount:

Back charge:Interest.....

Total Amount due.....

1 st Month	1 – 3 Months	3 – 6 Months	6 – 9 Months	9 – 12 Months