(In terms of the Municipal Property Rates Act, 2004(Act no 6 of 2004) and the Municipal Rates Policy 2025/2026

APPLICATION FOR 10% FOOT & MOUTH DISEASE RATES RELIEF

Applicant Details		Property Details	
Name of the registered Property Owner		Property Description	
		Municipal Account	
ID Number			
Contact Person		Physical Address	
Contact Number			
Email Address		per General Valuation Roll	
Date		Outstanding Debts	

Foot and Mouth Disease Impact Details

Type of Agricultural Activity affected		
Period		
Nature of Impact		
Movement Restrictions / Quarantine (Yes/No)		
Jobs Sustained Details: (Number of Gender, Permanent & Temporal Employees)		

Supporting Documents

More than three months)	Proof of Ownership	Proof that the FMD Impact has been reported to Department of Agriculture	Proof of FMD Impact	Affidavit(If Applicable)
Company Registration CIPC	Proof of Registration with SARS		Annual Financial Statements	Photos of FMD-Infected Cows/Animals

Insurance Information

Name of the Insurer			
Policy Number		Claim Number	

Declaration

I declare that the information provided is true and correct		Applicant Name and signature	

For Official Use Only

Date Received		
Physical Verification		
Comments		
Authorised by		