



## **DIPALESENG LOCAL MUNICIPALITY**

### **DEBT INCENTIVE WRITE-OFF PROGRAMME**

#### **APPLICATION FORM**

**Private Bag X1005, Balfour, 2410**

**Tel:** 017 004 0027 | **Email:** [dipaleseng@worldonline.co.za](mailto:dipaleseng@worldonline.co.za)

*Please complete this application form legibly*

#### **PURPOSE OF THIS APPLICATION**

This application is for municipal consumers who wish to participate in the Dipaleseng Local Municipality Debt Incentive Write-Off Programme in accordance with the approved Municipal Debt Relief and Revenue Enhancement Programme.

#### **REQUIRED SUPPORTING DOCUMENTS**

Please attach the following documents:

- Copy of South African Identity Document (or Company Registration Documents where applicable)
- Latest Municipal Account Statement
- Any other document requested by the Municipality

#### **SECTION A: APPLICANT DETAILS**

**Account Holder Name:** \_\_\_\_\_

**Municipal Account Number:** \_\_\_\_\_

**Identity / Registration Number:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Postal Address (if different):** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**Alternative Contact Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### **Consumer Category**

- Residential
- Business / Commercial
- Agricultural
- Religious Institution
- Non-Profit Organisation (NPO)
- Other: \_\_\_\_\_

### **SECTION B: PAYMENT OPTION**

I hereby apply to participate in the Dipaleseng Local Municipality Debt Incentive Write-Off Programme.

Please select one option:

**Option 1**

I undertake to pay the qualifying payment in full.

**Option 2**

I request approval to pay the qualifying payment over six (6) equal monthly instalments.

### **SECTION C: APPLICANT DECLARATION**

I, the undersigned, declare that:

- The information contained in this application is true and correct.
- I have read and understood the Debt Incentive Write-Off Programme.
- I understand that approval is subject to verification and compliance with the programme.
- I undertake to pay all current municipal accounts on or before the due date throughout the duration of the programme.
- I understand that failure to comply with the approved payment arrangement or any programme requirement may result in cancellation of the incentive and reinstatement of the full outstanding debt.
- I accept and agree to abide by the Terms and Conditions of the Programme.

**Applicant Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SECTION D: MUNICIPAL OFFICE USE ONLY**

**Application Reference Number:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Outstanding Debt Verified: R** \_\_\_\_\_

**Required Qualifying Payment: R** \_\_\_\_\_

**Monthly Instalments: R** \_\_\_\_\_

**Number of Instalments:** \_\_\_\_\_

**Recommendation**

Recommended

Not Recommended

Comment:

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**Final Decision**

Approved

Declined

Revenue Official

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Finance Manager / CFO

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **IMPORTANT NOTICE**

1. Submission of this application does **not** constitute automatic approval to participate in the Debt Incentive Write-Off Programme.
2. Approval is subject to verification of the applicant's information, compliance with the approved programme requirements, and approval by the Municipality.
3. Applicants must continue paying all current municipal accounts on or before the due date while participating in the programme.
4. Failure to comply with the approved payment arrangement or any programme requirement may result in cancellation of the incentive and recovery of the full outstanding debt.
5. Any approved debt write-off shall only be effected after full compliance with all programme requirements.
6. The full Terms and Conditions governing the Debt Incentive Write-Off Programme are printed on the reverse side (back) of this application form. Applicants are required to read, understand and accept these Terms and Conditions before signing this application.
7. Closing Date for Applications: 30 June 2027.