



## RATES CLEARANCE CERTIFICATE REQUEST FORM

Name of Property Owner: \_\_\_\_\_ Contact Numbers: \_\_\_\_\_

Plot Number & Township: \_\_\_\_\_

Purpose of the use of Rates Clearance Certificate (**Tick Box**)

Registering of Bond

OR

Transfer of Ownership

OR

Application for Subdivision

**If required to effect Transfer of Ownership, please provide details of New Owner**

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

Postal Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cellphone Number: \_\_\_\_\_

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

ID Number: \_\_\_\_\_

Name of Rates Clearance Certificate Collector: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Company: \_\_\_\_\_

Date of Collection: \_\_\_\_\_

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

### FOR OFFICE USE

Date of clearing outstanding rates: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Rates Clearance Certificate Number: \_\_\_\_\_

Name of Issuing Officer: \_\_\_\_\_

