



**ETHEKWINI REVENUE MANAGEMENT UNIT**

Florence Mkhize Building,  
251 Anton Lembede Street,  
Durban, 4001

Tel: 031 324 5000, Fax: 031 328 1002

Email: [RevlineResponse@durban.gov.za](mailto:RevlineResponse@durban.gov.za)

Website: <http://www.durban.gov.za>

**COVID 19 DISASTER REBATE APPLICATION FORM FOR BED & BREAKFAST / GUESTHOUSES / LIFE RIGHT SCHEMES AND RETIREMENT COMPLEXES**

PLEASE COMPLETE IN BLOCK LETTERS	
<b>1. DETAILS OF APPLICANT</b>	
First name(s)	
Surname	
ID Number	
Telephone number (landline)	
Cell phone number	
Email address	
<b>2. COMPANY / ESTABLISHMENT INFORMATION</b>	
Full Name of the establishment	
Establishment registration number (if registered with CIPC)	
Date of registration	
Municipal Trading Licence number	
Tax Clearance Certificate number	
Physical address:	
Postal address (if differ from physical address)	
Telephone number(s) Cell	
Province	
ERF description	

Property street address	
Postal code	
<i>Domicilium Citandi Executandi</i> (Service address for Legal processes)	
Rate account number	
Electricity account number	
Water account number	
Is the establishment registered with CTO? If yes, attach proof	Yes / No (Delete where not applicable)
Is the establishment registered with EDTEA? If yes, attach proof	Yes / No (Delete where not applicable)
Any COVID 19 relief benefit from any Organ of State? If yes, give details in separate annexure.	Yes / No (Delete where not applicable)
Are you registered for E-Services? If No, please indicate reasons	Yes / No (Delete where not applicable)

### 3. FACILITIES ON OFFER TO GUESTS

(Mark with an X where applicable)						
Establishment	Total size of developed area	Total number of beds available to guest	Conference area	Spa	Beauty Salon	Other (Specify)
Bed & Breakfast						
Guest House						
Life Rights Scheme & Retirement Complexes						

**4. DECLARATION**

**DECLARATION**

I, the undersigned, in my capacity as a registered owner of the above property / duly authorised representative of the establishment being the registered owner of the above property:

(Name of the applicant and ID number) .....  
.....

- 1. Declare that the above property **is / is not** \* my primary property on which I reside permanently, and all of the information supplied is to the best of my knowledge, true and correct. (\*delete, where not applicable).
- 2. I acknowledge that the Municipality reserves the right to prosecute anyone who wilfully provides false information with the intention to benefit unlawfully from the rebates awarded.
- 3. I agree and am aware that incorrect information would affect the consideration of my application for Disaster rebate and that the Council has a right to cancel my rebate at any stage.
- 4. I acknowledge that the Municipality may reverse any rebate amount paid and raise such amount against my account, should it be established that the approval of such rebate was based on the incorrect information relied upon on this application.
- 5. I further acknowledge that rebates granted in error will be reversed immediately from date of inception of the rebate, as contemplated in the Rates Policy.
- 6. I undertake to furnish additional documentary proof, as and when requested.
- 7. I consent to the processing of the Information, for all purposes associated with the Application hereby made and/or any other purpose compatible with the purpose for which it was initially provided and/or necessary for the legitimate and justifiable interests of the Municipality.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**5. MEMBER ACCOMMODATION ASSOCIATION VERIFICATION**

**DECLARATION**

I, the undersigned, \_\_\_\_\_, do hereby declare that the above APPLICANT is a member of the Association and all of the information supplied is to the best of my knowledge, true and correct.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**OFFICIAL STAMP**

**FOR OFFICE USE ONLY**

Received by (Name and Service No.) : \_\_\_\_\_

Date of receipt: \_\_\_\_\_

Signature of Receiving Official: \_\_\_\_\_

Captured by (Name and Service No) : \_\_\_\_\_

## 6. DOCUMENTS TO ACCOMPANY THIS APPLICATION

- ✦ Certified Copy of ID for the Applicant or/and Sole Proprietor or all Directors.
- ✦ 3 months Bank Statements.
- ✦ Latest Audited Annual Financial Statements or Latest Management Accounts (Statement of Financial Performance and Statement of Financial Position).
- ✦ Certified copy of the Municipal Trading Permit / Business Licence.
- ✦ SARS Tax Clearance Certificate.
- ✦ Certified copy of registration with member association.
- ✦ Certified copy of Special Consent approval from the Municipal Town Planning Department.
- ✦ Certified copies of CIPC Registration Document /Constitution.
- ✦ Proof of registration with Tourism KwaZulu–Natal, Durban Tourism and a local Community Tourism Organisation (CTO).

### **In case of the Life Rights Schemes and Retirement Complexes**

- ✦ Certified copies of Registration Documents /Constitution.
- ✦ Certified copy of Identity Document of applicant (If a natural person).
- ✦ A copy of the Title Deed of the property.
- ✦ Proof of current registration with the South African Association for the Aged.
- ✦ A letter of Authority for each and every Trustee, in the case of a Trust.
- ✦ Proof of loss of income during Covid 19 disaster.

## 7. QUALIFYING CRITERIA

- ✦ The establishment must be 100% owned by the legal South African citizen(s).
- ✦ Be registered and compliant with South African Revenue Service (SARS).
- ✦ The establishment must be in existence for at least **one** business financial year.
- ✦ Documentary proof that the establishment is negatively affected by COVID-19 pandemic.
- ✦ Except in case of Guesthouse, the owner of the property must permanently reside on the property.

- ✦ In the case of a Company, Close Corporation or Trust being the registered owner, at least one member / director thereof must reside permanently on the property, subject to any of the members of such Companies, Close Corporation and Trusts not being a member of another Company, Close Corporation or Trust that owns a Bed & Breakfast establishment or a Guest House.
- ✦ The establishment must be registered with KwaZulu–Natal Economic Development, Tourism and Environmental Affairs Department (EDTEA), Durban Tourism and a local Community Tourism Organisation (CTO); The applicant must meet the criteria set by Durban Tourism and all membership fees or other fees payable to Durban Tourism and the CTO must be paid up to date.
- ✦ The Bed & Breakfast / Guesthouse must offer accommodation and dining facilities only to registered guests.
- ✦ The applicant must provide details of the establishment in respect of total size of developed property, total number of beds, and facilities available to guests. This will be required to be certified by the member Association.
- ✦ A business License in terms of the “Accommodation Establishment Bylaws” where applicable must accompany this application.
- ✦ The application form must be certified by the relevant Community Tourism Organisation. No application will be processed without having met this requirement.
- ✦ Disaster rebate is subject to the availability of budget and Council resolution. This rebate is reviewed on month to month basis, based on the availability of the allocated budget and/or the continuous loss of income due to COVID 19 disaster.
- ✦ In order to qualify for Disaster Rebate, the establishment must not be a beneficiary to any COVID 19 relief assistance from any other organ of the State.

**In case of Life Rights Schemes & Retirement Complexes:**

- ✦ The Scheme /Retirement Complexes must be registered in terms of the Housing Development Scheme for Retired Persons Act 65 of 1988.
- ✦ The Scheme/ Retirement Complexes must be registered with and regulated by the South African Association for Homes for the Aged (SAHA).
- ✦ The title deeds of the property must be duly endorsed in terms of Act 65 of 1988.
- ✦ In the case of joint ownership, all owners must meet the qualifying criteria.
- ✦ The rebate will be granted ONLY on one property.

- ✦ In the case of a Trust, the Trustee/s must meet all of the above criteria. A copy of the Title Deed must be produced.
- ✦ Where the property is registered in the name of a Trust, the letters of authority for each and every Trustee must be produced.
- ✦ Executors/Administrators of deceased estates, Liquidators and Trustees of insolvent estates are excluded from the rebate.

## 8. SUBMISSION OF APPLICATION

All applications must be submitted electronically to Email: [RevlineResponse@durban.gov.za](mailto:RevlineResponse@durban.gov.za). For further queries, contact Tel: 031 324 5000.

**Kindly note that in order to comply with the COVID 19 Lockdown Regulations and Municipal Health and Safety Risk Reduction Guidelines, all applicants are encouraged to submit their COVID 19 Disaster Rebate application forms via email provided above.**