



9 Park Street -
 Malalane Private
 Bag X101
 Malalane,
 1320
 Tel: (013) 790 0245
 Fax: (013) 790 0886
 Customer Care No. (013) 790 0990

www.nkomazi.gov.za

REF NUMBER:

PAYMENT RELIEF APPLICATION FORM (COVID-19)

I hereby wish to apply for repayment relief on my municipal account.

MUNICIPAL ACCOUNT NUMBER	
ACCOUNT-HOLDER NAME	
ID NUMBER	
NAME OF TOWN	
PHYSICAL ADDRESS	
CONTACT NUMBER	
EMAIL ADDRESS	

Relief questionnaire

- Did your income/revenue decrease due to COVID? (Y/N)
- Was the account in arrears prior to lockdown (26/03/2020)? (Y/N)
- Do you have an existing arrangement in place? (Y/N)
- Do you require the arrangement to be restructured – extended? (Y/N)
- Indicate number of additional repayment months required

Documents required with application:

- Legible/ readable ID
- Letter of Authority if not account-holder
- Proof of income of all household occupants
- Proof of loss of income (e.g. 3 months bank statements, employer letter, etc)
- Motivation letter for the request stating how the business or customer was affected by the State of Disaster.
- Proof of application for UIF or any other relief programmes
- Residential customers, to submit Employer's confirmation letter of unemployment, if retrenched or salary cuts or proof of UIF pay-out.



The following terms and conditions will apply subject to approval by the municipality:

- (1) Credit control measures will be temporarily suspended for the duration of the arrangement.
- (2) No interest will be charged on the capital amount under the arrangement
- (3) The arrangement is for a minimum period of three and a maximum period of twelve months after which credit control measures will be applied.
- (4) failure to honour the arrangement in two consecutive months will result in the whole process being nullified, therefore the normal credit control procedures will be executed with immediate effect.(termination of municipal services, i.e. electricity disconnection).
- (5) The payment relief is only for the outstanding debt as at the date of the application.
- (6) The monthly billing for the rates and municipal services should be paid and kept up to date on a monthly basis during the arrangement has been entered into.

Queries and submissions of the application forms can be directed to-

Area of responsibility	Contact person	Contact number	Email address
Komatipoort	Thandi Sibiya	068 5840 260	thandi.sibiya@nkomazi.gov.za
Malalane	Ellen Sibiya	067 1303 104	ellen.sibiya@nkomazi.gov.za
Hectorspruit & Marloth Park	Precious Ngobeni	076 5855 058	precious.ngobeni@nkomazi.gov.za
Themba Mashabane Contact 076 0204526 (Revenue Manager)			

Full name of applicant-----Signature-----Date:-----

Approved/ Not Approved - Signature:

