

## ADDENDUM

### CONSENT TO THE SOUTH AFRICAN REVENUE SERVICE (SARS) IN TERMS OF SECTION 69(6) (b) OF THE TAX ADMINISTRATION ACT NO 28 OF 2011 (TAA).

I/we\*, the undersigned Applicant(s), hereby give consent to SARS to disclose my/our information to the Municipality [*name of municipality*] and the National Department of Cooperative Governance (COGTA) for purposes of verifying the details of my/our income levels that I/we\* have disclosed to the Municipality in support of my/our\* application for a municipal indigent grant.

#### Particulars of Indigent Applicant

Municipality Name	THEEWATERSKLOOF MUNICIPALITY
Name and surname (including maiden name, if applicable)	
Identity number	
Date of birth	
Taxpayer reference number	
Marital status	
Spouse's name and surname	
Spouse's identity number	
Spouse's date of birth	
Spouse's taxpayer reference number	
Residential address/ stand number / erf number	

**Particulars of other household member(s) earning an income\*\***

Name and surname	
Identity number	
Date of birth	
Taxpayer reference number	

Name and surname	
Identity number	
Date of birth	
Taxpayer reference number	

Signed by: \_\_\_\_\_ [Applicant's name] on this  
\_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_

**[Applicant's signature]**

Applicant's household member's name: \_\_\_\_\_

Signature: \_\_\_\_\_ [Applicant's household member's signature]

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

\* Delete whichever is not applicable

\*\* Insert details of additional household members on separate sheet

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[Insert section entitled "For official purposes only"]