

R533 Graskop Road.  
Opp Mapulaneng DLTC  
Bushbuckridge  
Co-ordinates: 31°3'59.796" E 24°50'24"  
Tel: 013 065 0983



Private bag x 9308  
Bushbuckridge  
1280  
Email: [info@bushbuckridge.gov.za](mailto:info@bushbuckridge.gov.za)  
Website: [www.bushbuckridge.gov.za](http://www.bushbuckridge.gov.za)

## PUBLIC NOTICE

**TO** : THE PUBLIC  
**SUBJECT** : INVITATION TO REGISTER ON THE MUNICIPAL INDIGENT REGISTER  
**DATE** : 03 APRIL 2024  
**REF** : **10/2/1/1**

The Bushbuckridge Local Municipality invites all the qualifying residents within its jurisdiction to apply for the indigent registration with the municipality. The municipality is providing its residents who meet the minimum requirements, with free municipal basic services. The requirements for qualifying as indigent households are as follows:

- Completed application form which is signed by the applicant and stamped by the Ward Councilor
- A certified copy of an ID Document of the applicant
- Proof of income of less than R4400.00 or Affidavit if no income
- Electricity receipt from Eskom

The application forms for the indigent status are available on the municipal website, Ward Councilors, and in the municipal offices (**Information Centre**).

Completed forms with all the requirements must be submitted to ward Councilors and at Information Centre.

Social media handles

X : @Bbr municipality  
Facebook : Bushbuckridge Municipality



**ISSUED BY THE MUNICIPAL MANAGER**  
**BLM COMMUNICATIONS**  
**NOTICE NUMBER:03/04/2024/30**



**INDIGENT APPLICATION FORM**

CONSENT TO THE SOUTH AFRICAN REVENUE SERVICE (SARS IN TERMS OF THE 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 Bushbuckridge Local Municipality and the National Department of Cooperative Governance (COGTA) for the purposes of verifying the details of my/our income levels that I/we\* have to disclosed to the Municipality in support of my/our\* application for a municipal indigent application. Particulars of Indigent Applicant

Name and Surname (including maiden name, if applicable)	
Identity number	
Date of birth	
Gender	
Employment Status: Employed / Unemployed/Pensioner	
Single/ Married/ Divorced/ Widowed	
Taxpayer reference number	
Residential address/ stand number/ ERF number	
Ward Number	
Municipal Account Number(If applicable)	
Eskom Account/ Meter Number	
Contact Details Cell Number Email Address	
Applicant Income/ Grant Amount	R

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

Name and Surname	Identity Number	Date of Birth	Taxpayer Reference Number	Employed/ Not Employed	Monthly Income	Gender(M /F)

**SECTION D: DECLARATION**

I ..... The undersigned, do hereby declare that the information provided above is to the best of my knowledge true and correct, and furthermore acknowledge that:

- a) The municipality reserves the right to register or not to register me as an indigent.
- b) This application is subject to verification and council approval before registration.
- c) I will remain liable to the Municipality for the outstanding amount on my account before and after the registration as indigent.
- d) I must continue to pay the minimum amount on my monthly account in full or make arrangement to settle the outstanding balance otherwise credit control measures will be institute against me.
- e) This information is public and will be published, made available to interested parties in both private and public sector including credit bureau for purpose of indigent management.

Signed at ..... on ..... day of ..... 20 .....

.....  
Applicant (Signature)

.....  
Name and Surname

Signature:

.....  
Ward Councillor  
Ward Committee

**Ward Councillor Stamp**

**For Office Use**

Captured by (Full Name and Surname)	
Employee Number	
Date Captured	
Signature	
Verified By (Full Names and Surname)	
Employee Number	
Date Verified	
.Signature	