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 [*City of Cape Town*] 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 municipal indigent benefits.

Particulars of Indigent Applicant

Municipality Name	City of Cape Town
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	
City of Cape Town municipal account number	

Particulars of other applicants **

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 name: _____

Signature: _____ [*Applicant's signature*]

Date: _____

* Delete whichever is not applicable

** Insert details of additional applicants on separate sheet

[Insert section entitled "**For official purposes only**"]