MUNICIPAL COUNCIL OF MANZINI			
QUALITY MANAGEMENT SYSTEM	Doc. Ref. No.	FIN-FRM-020	
	Revision Status	Issue 01	
RATES CLEARANCE CERTIFICATE REQUEST FORM	Revision Date	10.09.2024	
	Author	Valuation Officer	
	Approved By	Director Finance	

A. CURRENT PROPERTY DETAILS

Name of property owner:	
Plot number & Township:	
Contact:	
ID Number:	

Purpose of use of rates clearance certificate (cross the appropriate box below)

Registered bond		**Ownership Transfer**		**Subdivision application**	
Consolidation		**Property Lease**		**Other: _____**	

If required to effect transfer of ownership, please provide details of new owner below.

B. NEW OWNER DETAILS

Name of New Owner:	
Postal address:	
Contact Number/s:	
Email Address:	
ID Number:	

If required to effect transfer of ownership to a TRUST, please provide Trust details below.

Name of Trust:	
Trust Founder:	
Contact Number/s:	

C. CONVEYANCER DETAILS

Name of Conveyancer:	
Name of company:	
Contact Number/s:	
Email Address:	

Name of clearance certificate collector:	
Contact:	

_____ _____

Date of Collection **Signature**

FOR OFFICE USE:

Account number: _____

Date of clearing outstanding debts: _____

Receipt number: _____

Rates clearance certificate number: _____

Name issuing officer: _____