CUSTOMER SERVICES

Application for Non-Rateable Status

ontact information		
ganisation:		
rson applying on behalf of:		
one:	Email:	
stal address:		
operty details		
cation address:		
tes reference number:		
es the organisaton own the prop	perty? Yes No	
no, please provide owner contac	t information and a copy of the lease.)	
nat are the nature of improveme ntre, club rooms, hall, meeting s	nts (Examples of improvements include offices paces and clubs.):	s, drop-in centre, rehabilitation

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Details of qualification
How is the property being used? (List the uses of the property that qualify as non-rateable.):
When were your doors first open to the public?
Is any portion of the property being used for a purpose other than the ones listed above? Yes No
If yes, please provide details:
Is this organisation recognised by the Inland Revenue Department as a Charitable Trust? Yes No
If yes, please provide a copy of your most recent annual accounts.
Declaration
Declaration
The organisation/applicant named is a non-profit organisation and no pecuniary gain accrues to individual members of the society or association, other than to paid officers.
Signature
Name and title:
Signature: Date:
PLEASE NOTE - A signature is not required if you submit this form electronically. By entering your name in the box below you are giving your authority for this application to proceed.
Any change in rating status will be confirmed and will start at the beginning of the next financial year.