

Authority to Act

The **Applicant / Transferring Attorney** is hereby authorized to obtain full details of accounts and other relevant information in respect of property and linked accounts from Ekurhuleni Metropolitan Municipality, in order to obtain property clearance certificate in terms of section 118 of Local Government Municipal Systems Act (32 of 2000 as amended).

The provisions of act reads as follows :

118 Restraint on transfer of property

- (1) A registrar of deeds may not register the transfer of property except on production to that registrar of deeds of a prescribed certificate-
- (a) issued by the municipality or municipalities in which that property is situated; and
 - (b) which certifies that all amounts that became due in connection with that property for municipal service fees, surcharges on fees, property rates and other municipal taxes, levies and duties during the two years preceding the date of application for the certificate have been fully paid.
- (1A) A prescribed certificate issued by a municipality in terms of subsection (1) is valid for a period of 120 days from the date it has been issued.
- (2) In the case of the transfer of property by a trustee of an insolvent estate, the provisions of this section are subject to section 89 of the Insolvency Act, 1936 (Act 24 of 1936).
- (3) An amount due for municipal service fees, surcharges on fees, property rates and other municipal taxes, levies and duties is a charge upon the property in connection with which the amount is owing and enjoys preference over any mortgage bond registered against the property.

Part 2 : Agent or Representative

Firm Name :

Part 1: Transferor / Transferee

Township Name :

Erf / Farm Number :

Portion Number :

Extension :

Remainder of Township

Rates Account Number :

Sectional Title (If Applicable)

ST Scheme Name :

ST Scheme Number :

ST Complex Name :

ST Unit Number :

ST Door Number :

Provided that nothing in this subsection precludes the subsequent collection by a municipality of any amounts owed to it in respect of such a property at the time of such transfer or conversion.

Please fill in all sections below:

Law Society Practice Number :				
Agent Represented by :	Initials :		Surname :	
Contact Details :	Telephone No :		Telephone No :	
	Fax No :		Cell No :	
	E-mail Address :			
Agent Postal Details :				
	Postal Code			

Part 3 : Period of Appointment											
The appointment of Agent or Representative will be effective :											
From		/		/		To		/		/	
	DD / MM / YYYY						DD / MM / YYYY				
OR											
Until you advise otherwise (please tick)											<input checked="checked" type="checkbox"/>

Part 4 : Declarations

Transferor / Transferee Declaration.

I agree to the appointment of the agent / representative named in this form.

The information I have provided on this form is true and complete.

Applicant Signature

Date

DD / MM / YYYY

Agent / Representative's Declaration.

I / we agree to act as the representative for the applicant named in this form.

The information provided on this form is true and complete.

**Agent /
Representative
Signature**

Date

DD / MM / YYYY