



No 6 Convent Place

APPLICATION FOR EXEMPTION FROM PAYMENT OF RATES

(Section 279(k) of the Public Health Act)

I/We.....

Address

Tel No. Email

Wish to apply on behalf of (*Name of Club, Association, Society etc.*)

for exemption of rates in respect of the premises

at (*address of Club, etc.*).....

consisting of

I/We certify that the.....

(Club, Association, Society etc.) meets the requirements as set out in the Act.

Signed..... Date.....

Capacity in which signed (e.g. Secretary, Treasurer etc.).....

(*Please return completed form together with latest electricity and water bill to No. 6 Convent Place, Gibraltar*)

FOR OFFICE USE ONLY

	NO ARREARS	ARREARS
Electricity/Water		
Rent		
Social Insurance		
Income tax		
Rates		