



FORM/REM/01

Secretary,
Majlis Daerah Dalat dan Mukah

Date: _____

APPLICATION FOR REMISSION OF ASSESSMENT OF RATES
PERMOHONAN REMISI CUKAI TAKSIRAN

I wish to apply for remission of assessment rates in respect of my property as follows:

Saya ingin memohon remisi cukai taksiran bagi pegangan saya seperti berikut:

Type of Remission <i>Jenis Remisi</i>	:	Regulations 7 (b) of the Local Authorities (Rating) Regulations, 1997 (please attached supporting documents) <input type="checkbox"/> Living in Poverty / <i>Miskin</i> <input type="checkbox"/> Unable to Discharge that Liability / <i>Tidak Dapat Menunaikan Liability</i> (Health Problems / Receiving Aid from Social Welfare Department) <input type="checkbox"/> Others (please specify): _____ <input type="checkbox"/> Copy of Supporting Documents / <i>Salinan Dokumen Sokongan</i>					
Ward / Serial No	:						
Land Title <i>Hamilik Tanah</i>	:	Lot:		Block:		Land District:	
Property Address <i>Alamat Pegangan</i>	:						

2. I hereby declare the application to be true. If any proof or information or criteria provided are uncomplete or unsatisfied, Council has the right not to consider my application. *Dengan ini saya mengaku permohonan ini adalah benar. Jika apa-apa bukti atau maklumat atau kriteria yang diberikan adalah tidak lengkap atau tidak memuaskan, Majlis berhak untuk tidak mempertimbangkan permohonan saya.*

Thank you.

Signature
Tandatangan : _____

Owner Name
Nama Pemohon : _____

Postal Address
Alamat Surat Menyurat :

Telephone No
Nombor Telefon : _____

Date
Tarikh _____

REMISSION INVESTIGATION REPORT

(under the provision of Regulations 7(b) of the Local Authorities (Rating) Regulations, 1997)

A. PROPERTY INFORMATION

Ward / Serial No.	Annual Rateable Value (ARV)	RM	Amount Payable/ Year	RM	/	
	Arrears (If Any)	RM	Year			
Property Address				Owner Occupied	YES	NO
				Monthly Rent	RM	

B. APPLICANT INFORMATION

Applicant Name		I.C NO	
		Age	
Marital Status	Single / Married / Divorce / Widow / Widower	Telephone No	
Occupation		Monthly Income	RM
		Other Income (If Any)	RM
Spouse Name		I.C No	
		Age	
		Telephone No	
Occupation		Monthly Income	RM
		Other Income (If Any)	RM

REMARKS:

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DEPENDENTS / NON-DEPENDENTS

NO	NAME	AGE	SEX	RELATIONSHIP	REMARKS

C. BUILDING INFORMATION (please mark √)

Condition Of Building:		Good		Average		Poor		
Building Type: (Please stated)	(Detached / Terrace / Semi Detached etc)							
Construction Material:		Concrete		Semi Concrete		Timber		Others
Amenity:		Electric		Water		Telephone		Gas

D. HOUSEHOLD APPLIANCE (Please mark √)

	YES	NO	REMARKS
Land			
Building			
Vehicle			
Television			
Air Conditioner			

E. EXPENSES INFORMATION (make sure a copy is made)

Monthly Electric Bill Payment :

Monthly Water Bill Payment :

Monthly Telephone Bill Payment (Include handphone) :

Others (please stated) :

TOTAL PER MONTH :

F. WELFARE AID (Please mark √ and make a copy)

	<p>Receive aid from Social Welfare Department / Perkeso etc</p> <p>Welfare Aid Reference No.:</p> <p>Welfare Aid per month: RM</p>
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	<p>Chronic Diseases / Handicapped (OKU)</p> <p>OKU Card Reference No.:</p> <p>Welfare Aid per month: RM</p>
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	<p>Others: (please stated)</p>
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G. CONFIRMATION BY KETUA MASYARAKAT / KETUA KAUM

I certified that the information from the applicant is true and the applicant is under the supervision of my administration.

Signature : Chop

Name :

Designation :

Date :

H. FOR OFFICE USE

i. Confirmation of the report from the investigating officer:

The investigation was conducted on _____ and attached together with supporting documents as well as photographs for further action.

Signature :
Name :
Designation :
Date :

ii. Report Checked (Supervisor)

This Remission Investigation Report has been checked and complete / incomplete for your further action.

Signature :
Name :
Designation :
Date :

iii. Recommendation (Section Head)

Application is **Recommended / Not Recommended**

Signature :
Name :
Designation :
Date :

I. DECISION

Council Decision: **Approved / Not Approved**

Financial Minutes Reference No.:	
Date:	

J. DISCLOSER

Letter to the Applicant to Inform the Decision of Application of Remission:	
Date:	

Signature :
Prepare by :
Designation :
Date :

(Save in property file after all information is complete)