

**The Municipal Council of Curepipe**

*Queen Elizabeth II Avenue, Curepipe, Telephone: 660 9776,
 Fax: 676-5054, Email:* *curpip@intnet.mu*

## DECLARATION FOR EXEMPTION OF MUNICIPAL TAX

**ON FAMILY HOME UNDER THE LOCAL GOVERNMENT (EXEMPTION OF MUNICIPAL TAX ON FAMILY HOME) REGULATIONS 2023**

Name of owner ...................................................................................

# Select category of owner

Please confirm if owner is living in house –YES NO

Please specify –

Property ID No. .............................................................................

Property address ............................................................................

Parcel Identification Number (PIN) ............................................... .

Transcription Volume (TC) No. .....................................................

Land extent (sqm/toise/perches) ....................................................

Area of house (sqm/sq/ft) ..............................................................

# Category 2 Owner having more than one house in a municipal area –

Please specify –

1. Property ID No. ......................................................................

 Property address .....................................................................

Parcel Identification Number (PIN) .......................................

 Transcription Volume (TC) No. .............................................

 Land extent (sqm/toise/perches) ............................................

 Area of house (sqm/sq/ft) .......................................................

1. Property ID No. ......................................................................

 Property address .....................................................................

Parcel Identification Number (PIN) .......................................

 Transcription Volume (TC) No. .............................................

 Land extent (sqm/toise/perches) ............................................

 Area of house (sqm/sq/ft) .......................................................

1. Property ID No. ......................................................................

 Property address .....................................................................

Parcel Identification Number (PIN) .......................................

 Transcription Volume (TC) No. .............................................

 Land extent (sqm/toise/perches) ............................................

 Area of house (sqm/sq/ft) .......................................................

1. Property ID No. ......................................................................

 Property address .....................................................................

Parcel Identification Number (PIN) .......................................

 Transcription Volume (TC) No. .............................................

 Land extent (sqm/toise/perches) ............................................

 Area of house (sqm/sq/ft) .......................................................

Please specify family home of owner and proof of address by providing utility bills for last 3 months ..............................................

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# Category 3 Mixed-use Building – ownership

Owner using building for mixed use.

Please confirm if building represents family home of owner –

YES NO

Please specify –

Property ID No. ..................................................................................

Property address .................................................................................

Parcel Identification Number (PIN) ...................................................

Transcription Volume (TC) No. ..........................................................

Land extent (sqm/toise/perches) ........................................................

Total area of building (sqm/toise/perches) .........................................

Area being used as main residence (sqm/sq/ft) ...................................

Area being used as non-residential (sqm/sq/ft) ...................................

 Percentage of building used as family home ................................... per cent

# For refund of municipal tax on family home, kindly attach a copy of your municipal tax claim/receipt –

By Bank

Bank name .........................................................................................

Bank account No. ..............................................................................

or by cheque

National identity card no. ...................................................................

Contact No. ........................................................................................

If there is any change in circumstances, you are requested to notify the Council.

The information provided may be used for compiling and maintaining the Cadastral Database as provided for under the Local Government Act.

Any person who makes a statement which is false or misleading shall commit an offence and shall, on conviction, be liable to a fine not exceeding 25,000 rupees.

I......................................................................................do hereby declare the above information is true and correct to the best of my knowledge.

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 Signature Date

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