



Bela-Bela Local Municipality

58 Chris Hani Drive, Bela-Bela, Limpopo

Private Bag x 1609 Bela-Bela, 0480

Tel: 014 736 8002 Fax: 014 736 8068

Website: www.belabela.gov.za

Office of the Budget & Treasury

SETTLEMENT AGREEMENT AND ACKNOWLEDGEMENT OF DEBT

A – Personal Details of Applicant:

Full Name: Identity Number:

Residential Address:

..... Postal Code

Postal Address:

..... Postal Code

Email Address..... Tel (Work) Cell No.....

B – Account Details:

Account Number:

Outstanding Balance (60 Days): R

C – Acknowledgement of Debt:

I, the undersigned hereby acknowledge that I am indebted to **Bela-Bela Municipality** for rates and services provided to me up to and including **60 Days** balance and will thus settle the debt by paying 50% of the acknowledged debt

Signed at.....This.....Day of..... 2014

Account Holder/ Applicant Signature.....

For Office Use

Compiled by:

Name Signature Date

Checked by:

Name Signature Date

Checked by:

Name Signature Date