



Appendix C

Mr/Mrs

DATE:

Ref.: System Generated Reference Number

Address 1

Account:

Address 2

Ward:

Address 3

ID:

Dear Name & Surname

SUBJECT: INDIGENT STATUS APPLICATION OUTCOME: APPROVED

We refer to the application for indigent support on DATE

We are pleased to advise you that your indigent application has been approved with effect from DATE.

The validity period of assistance will be for a maximum of 12 months, ending DATE.

It is therefore your responsibility to apply for the renewal of the Indigent support three months before your application expires. Failure to renew the support will automatically be terminated without prior notification.

It is your responsibility to inform the Lesedi Local Municipality should circumstances in the household improve in terms of gross income and other qualifying matters as contained in the indigent policy of Lesedi Local Municipality.

For any queries or questions, please contact the Indigent Management Office at the following numbers: (016) 492-0058 and (016) 492 - 0218, using the reference number stated above.

Yours sincerely,

(Signature)

LESEDI LOCAL MUNICIPALITY

FOR OFFICE USE ONLY

Date of delivery: _____

Ref.: System Generated Reference Number

Delivered by: _____

Received by: _____

Signature: _____