



Appendix D

Mr/Mrs

DATE:

Ref.: INDI-REG REF NO.

Address 1

Account:

Address 2

Ward:

Address 3

ID:

Dear Name

SUBJECT: INDIGENT STATUS APPLICATION OUTCOME: DECLINED

We refer to the outcome of your indigent application on DATE

We regret to inform you that your indigent support has been declined due to your circumstances not meeting the qualification criteria as set out in the Lesedi Local Municipality Indigent Policy.

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: _____