



Housing Authority

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Freephone 153

## Application for Copy of Return

### Commissioner for Revenue

Name & Surname of Deceased: \_\_\_\_\_

Date of Transmission: \_\_\_\_\_ Return Number: \_\_\_\_\_

**In terms of Section 4 (6) of the Death and Donation Duty Act, 1973 and as declarant / Heir of the above name deceased in virtue of:**

\_\_\_\_\_

\_\_\_\_\_

(State whether heir by law or by will/s. In the latter case all relevant details including number of article of will etc. should be given)

I, the undersigned, authorise the Commissioner for Revenue to furnish the Chairman of the Housing Authority with a copy of the return.

Signature of Applicant: \_\_\_\_\_

Name and Surname: \_\_\_\_\_

Identity Card Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date