

SOUTH GLOUCESTERSHIRE COUNCIL

Department for Resources and Business Change, Revenue Services, PO Box 1953, Bristol, BS37 0DE

www.southglos.gov.uk

TEL: 01454 868003

COUNCIL TAX DISCOUNT APPLICATION MEMBERS OF INTERNATIONAL HQ'S OR DEFENCE ORGANISATIONS

FORM
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The Council Tax regulations provide for a discount to be granted if there are less than two adults resident in a dwelling. On counting the number of adults any person who is a member, or a dependant of a member of a relevant International Headquarters or Defence Organisation may be disregarded. If a discount is to be claimed the applicant should complete the form below in CAPITAL LETTERS and return it as soon as possible. Before filling in this form please read the notes overleaf.

SECTION 1

APPLICANT'S NAME (must be a person liable to pay the Council Tax on the dwelling)	
BILLING NUMBER	ctrel
ADDRESS	
DAYTIME TELEPHONE NUMBER	

SECTION 2

NUMBER OF RESIDENT ADULTS LIVING IN THE PROPERTY INCLUDING THE PERSON NAMED BELOW (i.e. persons aged over 18)	
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SECTION 3 - Name of person for whom discount is claimed (if different from above)

NAME	
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SECTION 4 - A relevant Organisation is one designated under the International Headquarters And Defence Organisations Act 1964. Please indicate below the organisation to which you belong.

SUPREME HEADQUARTERS ALLIED POWERS EUROPE	<input type="checkbox"/>
HEADQUARTERS OF THE SUPREME ALLIED COMMAND ATLANTIC	<input type="checkbox"/>
HEADQUARTERS OF THE ALLIED COMMANDER IN CHIEF ATLANTIC	<input type="checkbox"/>
THE CHANNEL COMMITTEE	<input type="checkbox"/>
HEADQUARTERS OF THE COMMANDER OF THE ALLIED MARITIME AIR FORCE, CHANNEL	<input type="checkbox"/>
HEADQUARTERS OF THE C-IN-C EASTERN ATLANTIC AREA	<input type="checkbox"/>
HEADQUARTERS OF THE COMMANDER OF THE MARITIME AIR FORCE EASTERN ATLANTIC AREA	<input type="checkbox"/>

PLEASE TURN OVER THE PAGE TO COMPLETE THIS APPLICATION.

SECTION 5 - Please indicate below your association with that organisation.

CIVILIAN MEMBER (passport issued by non-UK government which must contain an entry stating so)	<input type="checkbox"/>
MILITARY MEMBER (member of another country's force appointed to serve in the UK Under the orders of a headquarters)	<input type="checkbox"/>
A DEPENDANT OF EITHER OF THE ABOVE	<input type="checkbox"/>

SECTION 6 - If you have indicated that you are a dependant.....

IN WHAT CAPACITY? (eg. Husband/wife)	<input type="text"/>
ARE YOU A CITIZEN OF THE UK?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WOULD YOU NORMALLY RESIDE IN THE UK?	<input type="checkbox"/> YES <input type="checkbox"/> NO

DOCUMENTARY EVIDENCE IN THE FORM OF AN IDENTITY CARD WILL NEED TO BE SUBMITTED WITH THIS APPLICATION. IF YOU ARE UNABLE TO SUPPLY A PHOTOCOPY PLEASE BRING THE CARD WITH THE FORM TO THE COUNCIL'S OFFICES AT THE ADDRESS SHOWN AT THE HEAD OF THIS APPLICATION, WHERE IT WILL BE PHOTOCOPIED

SECTION 7 - DECLARATION BY APPLICANT

I declare that the information given on this form is true and accurate to the best of my knowledge and belief.

SIGNATURE OF APPLICANT	DATE / /
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You must notify the Director of Corporate Resources immediately if you have any change in circumstances.

This form should be returned to the Council's offices at the address shown at the head of the application.

NOTES FOR APPLICANT

1. You do not have to complete this form unless you wish to claim a discount but if you provide false information you may be subject to a penalty of £70 and prosecution under the Theft Act 1978.
2. Any information provided will be treated in the strictest confidence but may be stored on computer and is therefore subject to the provisions of the Data Protection Act 1984.