



DEWAN BANDARAYA KUALA LUMPUR
 Jabatan Kewangan (Hasil)
 Jalan Raja Laut
 50350 Kuala Lumpur
 No. Tel : 03-26179943/48 No. Fax : 03-26983415
 Email : elaukkekosongan@dbkl.gov.my

ASSESSMENT TAX REMMISION APPLICATION FORM

Seksyen 162 Akta Kerajaan Tempatan 1976

FOR THE TERM : JANUARY - JUNE / JULY - DECEMBER YEAR _____

OWNER INFORMATION

1. Owner Name : _____
2. Property Address : _____

3. Mailing Address : _____

4. Phone No. : (H/O) _____
 : (HP) _____
5. Email Address : _____

PROPERTY INFORMATION

File Number (If any) : _____

Property Type : Residence Commercial

Others : _____ (Please state)

No.	Assessment tax account no.	Vacant units/floors	Square feet area
1.			
2.			
3.			

Note: (i) If there are more than 3 accounts, please include an attachment.

(ii) Minimum area of 1000 square feet for commercial property (8% & 10%)

APPLICANT'S ACKNOWLEDGMENT

1. I hereby understand the provision **Seksyen 162, Akta Kerajaan Tempatan, 1976** regarding assessment tax remission.
2. I confirm that **all the information provided in this form is true and agree that the assessment tax refund application will be canceled without notice in writing if I do not comply with the conditions set by DBKL.**
3. I will make sure **Assessment Tax payment** for the requested half-year period **has been fully explained.**
4. I will make sure **The Assessment Tax Remission Claim Form and vacancy proof documents are submitted** in the following period;-
 - i) **Term 1 (Jan – June Application) – Before 31 July**
 - ii) **Term 2 (July – Dec Application) – Before January 31**
5. **This application is only applicable for one term only.** If you are still vacant and want to extend your vacancy allowance claim, please submit a new application form for the next term.

Signature : _____

Company Stamp (if applicable):

Name of applicant : _____

IC No. : _____

Date : _____
