

OBJECTION NO.

THE MUNICIPAL MANAGER

..... Municipality

LODGING OF AN OBJECTION AGAINST A MATTER REFLECTED IN OR OMITTED FROM THE VALUATION ROLL/SUPPLEMENTARY VALUATION ROLL * FOR THE PERIOD 1 JULY TO 30 JUNE.....

* Delete whichever is not applicable

(COMPLETE A SEPARATE FORM FOR EACH ENTRY OBJECTED TO

ERF/UNIT NO. SUBURB/ SCHEME NAME

SECTION 1: OBJECTOR INFORMATION

1.1 OBJECTOR IS OWNER

REGISTERED OWNER OF PROPERTY

IDENTITY NO. COMPANY OR C.C. REGISTRATION NO.

PHYSICAL ADDRESS OF OWNER CODE

POSTAL ADDRESS OF OWNER CODE

TELEPHONE NO.: HOME () WORK ()

CELL FAX NO. ()

EMAIL ADDRESS

1.2 OBJECTOR IS NOT THE OWNER OR MUNICIPALITY IS THE OBJECTOR

NAME OF OBJECTOR:

IDENTITY NO. COMPANY OR C.C. REGISTRATION NO.

POSTAL ADDRESS OF OBJECTOR CODE

TELEPHONE NO.: HOME () WORK ()

CELL FAX NO. ()

EMAIL ADDRESS

STATUS OF OBJECTOR e.g. Tenant, Pending Purchaser, Municipality etc)

1.3 AUTHORISED REPRESENTATIVE OF THE OBJECTOR

NAME OF REPRESENTATIVE:

POSTAL ADDRESS CODE

TELEPHONE NO.: HOME () WORK ()

CELL FAX NO.

E-MAIL ADDRESS

IF A REPRESENTATIVE IS APPOINTED, PROOF OF AUTHORISATION MUST BE ATTACHED

Complete: Erf/Unit No..... Area/Scheme Name.....

PLEASE COMPLETE THE BOTTOM OF EACH PAGE

FORM A: RESIDENTIAL (FULL TITLE AND SECTIONAL TITLES USED FOR RESIDENTIAL PURPOSES)

SECTION 2: PROPERTY DETAILS (FOR SECTIONAL TITLES SEE SECTION 4)

PHYSICAL ADDRESS CODE

EXTENT OF PROPERTY m²

MUNICIPAL ACCOUNT NO. (if applicable)

NAME OF BOND HOLDER	REGISTERED AMOUNT OF BOND
<input type="text"/>	<input type="text"/>

(if applicable)

PROVIDE FULL DETAILS OF ALL SERVITUDES, ROAD PROCLAMATIONS OR OTHER ENDORSEMENT AGAINST THE PROPERTY AGAINST THE PROPERTY (If applicable)

<input type="text"/>			
SERVITUDE NO.:	<input type="text"/>	AFFECTED AREA	<input type="text"/>
IN FAVOUR OF	<input type="text"/>		
FOR WHAT PURPOSE	<input type="text"/>		

WAS COMPENSATION PAID IF YES:	YES	NO	AMOUNT	R	<input type="text"/>
	DATE OF PAYMENT <input type="text"/>				

**SECTION 3: DESCRIPTION OF DWELLING (FOR SECTIONAL TITLES SEE SECTION 4)
(INDICATE NUMBER OR STATE YES/NO IN APPROPRIATE BOX)**

MAIN DWELLING

NO. OF BEDROOMS	<input type="text"/>	NO. OF BATHROOMS	<input type="text"/>	KITCHEN	<input type="text"/>	LOUNGE	<input type="text"/>
DINING ROOMS	<input type="text"/>	LOUNGE WITH DINING ROOM	<input type="text"/>	STUDY	<input type="text"/>	PLAYROOM	<input type="text"/>
TELEVISION ROOM	<input type="text"/>	LAUNDRY	<input type="text"/>	SEPARATE TOILET	<input type="text"/>		
OTHER	<input type="text"/>			OTHER	<input type="text"/>		
OTHER	<input type="text"/>			OTHER	<input type="text"/>		

OUTBUILDINGS

NO. OF GARAGES	<input type="text"/>	SIZE OF MAIN DWELLING	<input type="text"/>
GRANNY FLAT/ROOMS	<input type="text"/>	SIZE OF OUTBUILDING	<input type="text"/>
OTHERS	<input type="text"/>	SIZE OF OTHER BUILDINGS	<input type="text"/>
		TOTAL BUILDING SIZE	<input type="text"/>

OTHER BUILDINGS (ATTACH ANNEXTURE)

OTHER	SWIMMING POOL	<input type="text"/>	TENNIS COURT	<input type="text"/>
	BORE HOLE	<input type="text"/>	GARDEN	GOOD <input type="text"/> AVERAGE <input type="text"/> POOR <input type="text"/>
	OTHER	<input type="text"/>	OTHER	<input type="text"/>

FENCING

	FRONT	BACK	SIDE 1	SIDE 2
TYPE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HEIGHT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DRIVE WAY: (e.g. Bricks, pavers)

IS YOUR PROPERTY SITUATED IN A BOOMED AREA OR SECURITY

YES	NO
<input type="text"/>	<input type="text"/>

OTHER FEATURES: _____

GENERAL CONDITION OF PROPERTY

(Tick ✓)

GOOD	<input type="text"/>	AVERAGE	<input type="text"/>	POOR	<input type="text"/>
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Complete: Erf/Unit No. Area/Scheme Name.

PLEASE COMPLETE THE BOTTOM OF EACH PAGE

FORM A: RESIDENTIAL (FULL TITLE AND SECTIONAL TITLE USED FOR RESIDENTIAL PURPOSES)

SECTION 4: SECTIONAL TITLES UNITS

SCHEME NO. NAME OF SCHEME FLAT NO./ DOOR NO. UNIT SIZE m²

NAME OF MANAGING AGENT TEL NO.

INDICATE NUMBER OR STATE YES/NO IN APPROPRIATE BOX

NO. OF BEDROOMS		NO. OF BATHROOMS		KITCHEN		LOUNGE	
DINING ROOMS		LOUNGE WITH DINING ROOM		STUDY		PLAYROOM	
TELEVISION ROOM		LAUNDRY		SEPARATE TOILET			
OTHER				OTHER			
OTHER				OTHER			

MONTHLY LEVY R

DETAILS OF EXCLUSIVE USE AREAS

COMMON PROPERTY CONSISTS OF:

SWIMMING POOL	
TENNIS COURT	
OTHER	
OTHER	
OTHER	

GARAGE		m ²
CARPORT		m ²
OPEN PARKING		m ²
STOREROOM		m ²
GARDEN		m ²
OTHER		m ²

SECTION 5: MARKET INFORMATION

IF YOUR PROPERTY IS CURRENTLY ON THE MARKET WHAT IS THE ASKING PRICE?

R

IF YOUR PROPERTY HAS BEEN ON THE MARKET IN THE LAST YEARS WHAT WAS THE ASKING PRICE?

R

OFFER RECEIVED

R

OFFER RECEIVED

R

NAME OF AGENT:

TEL NO.

SALE TRANSACTIONS (OF OTHER PROPERTIES IN THE VICINITY) USED BY THE OBJECTOR IN DETERMINING THE MARKET VALUE OF PROPERTY OBJECTED TO

ERF/UNIT NO.	SUBURB/SCHEME NAME	DATE OF SALE	SELLING PRICE

SECTION 6: OBJECTION DETAILS

DESCRIPTION OF THE PROPERTY/UNIT NO.	PARTICULARS AS REFLECTED IN THE VALUATION ROLL	CHANGES REQUESTED BY OBJECTOR
CATEGORY		
PHYSICAL ADDRESS/DOOR NO./FLAT NO.		
EXTENT		
MARKET VALUE		
NAME OF OWNER		

ADVERSE FEATURES AND/OR FURTHER REASONS IN SUPPORT OF THIS OBJECTION (ANNEXURES CAN BE PROVIDED)

Complete: Erf/Unit No..... Area/Scheme Name.....

PLEASE COMPLETE THE BOTTOM OF EACH PAGE

SECTION 7: DECLARATION

ATTENTION IS HEREBY DRAWN TO SECTION 42(2) OF THE ACT WHICH STATES THAT WHERE ANY DOCUMENT, INFORMATION OR PARTICULARS WERE NOT PROVIDED WHEN REQUIRED IN TERMS OF SUBSECTION 42 (1) OF THE ACT AND THE OWNER CONCERNED RELIES ON SUCH DOCUMENT, INFORMATION OR PARTICULARS IN AN APPEAL TO AN APPEAL BOARD, THE APPEAL BOARD MAKE AN ORDER AS TO COSTS IN TERMS OF SECTION 70 OF THE ACT IF THE APPEAL BOARD IS OF THE VIEW THAT THE FAILURE TO SO HAVE PROVIDED ANY SUCH DOCUMENT, INFORMATION OR PARTICULARS HAS PLACED AN UNNECESSARY BURDEN ON THE FUNCTIONS OF THE MUNICIPAL VALUER OR THE APPEAL BOARD

I/WE _____ HEREBY DECLARE THAT THE INFORMATION AND PARTICULARS SUPPLIED ARE TRUE AND CORRECT.

	YEAR	MONTH	DAY
DATE			

SIGNATURE

OFFICIAL USE

SECTION 8: DECISION OF MUNICIPAL VALUER

DESCRIPTION OF THE PROPERTY/UNIT NO.	
CATEGORY	
PHYSICAL ADDRESS/DOOR NO./FLAT NO.	
EXTENT	
MARKET VALUE	
NAME OF OWNER	

REASONS OF THE MUNICIPAL VALUER:

NAME OF MUNICIPAL VALUER/ASSISTANT MUNICIPAL VALUER
(Delete whichever is not applicable)
SIGNATURE:

DATE

YEAR	MONTH	DAY

SECTION 9: NOTIFICATION OF OUTCOME

VALUATION ROLL ADJUSTED

OBJECTOR NOTIFIED

OWNER NOTIFIED

SECTION 52(1)(a)
WHERE APPLICABLE

SIGNATURE	DATE

Complete: Erf/Unit No..... Area/Scheme Name.....
PLEASE COMPLETE THE BOTTOM OF EACH PAGE