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

**Page 1**

|  |  |
| --- | --- |
| OBJECTION NO: |  |

**THE MUNICIPAL MANAGER**

**MANGAUNG METROPOLITAN MUNICIPALITY**

**LODGING OF AN OBJECTION AGAINST A MATTER REFLECTED IN OR OMITTED FROM THE EIGHTH SUPPLEMENTARY VALUATION ROLL FOR THE PERIOD SEPTEMBER 2014 TO FEBRUARY 2015.**

(Complete a separate form for each entry objected to)

|  |  |
| --- | --- |
| Property Identity Number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Erf / Unit No |  | Suburb /  Scheme Name |  |

## SECTION 1: OBJECTOR INFORMATION

* 1. **OBJECTOR IS THE OWNER**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Registered Owner of Property: | |  | | |
| Identity No: |  | | Company or C.C.  Registration |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Physical Address of Owner |  | Code |  |
| Postal Address of Owner |  | Code |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone No:  Home | ( ) | Work | ( ) |
| Cell No: |  | Fax No: | ( ) |

|  |  |
| --- | --- |
| E-mail Address |  |

* 1. **OBJECTOR IS NOT THE OWNER OR MUNICIPALITY IS THE OBJECTOR**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Objector | |  | | |
| Identity No: |  | | Company or C.C.  Registration |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Postal Address of Objector |  | Code |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Telephone No:  Home | ( ) | | Work | ( ) |
| Cell No: |  | | Fax No: | ( ) |
| E-mail Address | |  | | |

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

|  |
| --- |
|  |

* 1. **AUTHORIZED REPRESENTATIVE OF THE OBJECTOR**

|  |  |
| --- | --- |
| Name of Representative |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Postal Address of Owner |  | | | | Code |  |
| Telephone No:  Home | ( ) | | Work | ( ) | | |
| Cell No: |  | | Fax No: | ( ) | | |
| E-mail Address | |  | | | | |

**\*IF A REPRESENTATIVE IS APPOINTED, PROOF OF AUTHORIZATION MUST BE ATTACHED**

**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) Page 2**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Physical Address |  | Code |  |

|  |  |  |
| --- | --- | --- |
| Extent of Property |  | m² |

|  |  |  |
| --- | --- | --- |
| Municipal Account Number |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Bond Holder |  | Registered Amount of Bond |  | (If applicable) |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Servitude No: |  | Affected Area | m² |
| In Favour Of |  | | |
| For What Purpose |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Was Compensation Paid: | Yes | No |  | | |
|  |  |
| If Yes, Date of Payment |  | | | Amount: | R |

**SECTION 3: DESCRIPTION OF RESIDENTIAL DWELLING (FOR SECTIONAL TITLES SEE SECTION 4)**

**(Indicate number or state Yes/No in appropriate box)**

**Main Dwelling**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No of Bedrooms |  | No of Bathrooms |  | Kitchen |  | Lounge |  |
| Dining Room |  | Lounge with Dining Room |  | Study |  | Playroom |  |
| Television Room |  | Laundry |  | Separate Toilet |  |  |  |
| Other |  | | | Other |  | | |
| Other |  | | | Other |  | | |

**OUTBUILDINGS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No of Garages |  |  | Size of Dwelling | m² |
| Granny Flat/Rooms |  |  | Size of Outbuilding | m² |
| Other |  |  | Size of Other Buildings | m² |
| **OTHER OUTBUILDINGS (ATTACH ANNEXURE)** | |  | Total Building Size | m² |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| OTHER | Swimming Pool |  | Tennis Courts |  |  | |
| Bore Hole |  | Garden | Good | Average | Poor |
|  |  |  |
| Other |  | Other |  |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| FENCING |  | Front | Back | Side 1 | Side 2 |
| Type |  |  |  |  |
| Height |  |  |  |  |

DRIVE WAY (e.g. Bricks, Pavers etc) (Tick)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Is your property situated in a boomed or security area | Yes | No |
|  |  |

OTHERFEATURES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENERAL CONDITION OF PROPERTY (Tick)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| GOOD |  | AVERAGE |  | POOR |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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) Page 3**

**SECTION 4: SECTIONAL TITLE 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 Room |  | Lounge with Dining Room |  | Study |  | Playroom |  |
| Television Room |  | Laundry |  | Separate Toilet |  |  |  |
| Other |  | | | Other |  | | |
| Other |  | | | Other |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monthly Levy | R |  | Detail of Exclusive use Areas |  |
| COMMON PROPERTY CONSISTS OF: | |  | Garage | m² |
| Swimming Pool |  |  | Carport | m² |
| Tennis Court |  |  | Open Parking | m² |
| Other |  |  | Store Room | m² |
| Other |  |  | Garden | m² |
| Other |  |  | Other | m² |

**SECTION 5: MARKET INFORMATION:**

|  |  |  |
| --- | --- | --- |
| If your property is currently on the market what is the asking price? |  | If your property has been on the market in the last 3 years what was the asking price? |
| R |  | R |
| Offer Received: |  | Offer Received: |
| R |  | 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**

|  |  |  |
| --- | --- | --- |
|  | **Particulars As Reflected In The Valuation Roll** | **Changes Requested By Objector** |
| Description of the Property / Unit No |  |  |
| **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**

**FORM A: RESIDENTIAL (FULL TITLE AND SECTIONAL TITLE USED FOR RESIDENTIAL PURPOSES) Page 4**

**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 MAY 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.**

**SIGNED ON THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OFFICIAL USE**

**SECTION 8: DECISION OF THE 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\* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\****Delete whichever is not Applicable*

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 9: NOTIFICATION OF OUTCOME:**

|  |  |  |
| --- | --- | --- |
|  | **SIGNATURE** | **DATE** |
| **VALUATION ROLL ADJUSTED** |  |  |
| **OBJECTOR NOTIFIED** |  |  |
| **OWNER NOTIFIED** |  |  |
| **SECTION 52 (1) (a) / *(Where applicable)*** |  |  |

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

**PLEASE COMPLETE THE BOTTOM OF EACH PAGE**