POSES) OBJECTION I	NO:		Page 1	
E 14 TH SUPPLEN	MENTARY	VALUATI	ON	
Suburb / ne Name				
y or C.C. gistration				
	Code Code			
/ork () No: ()				

THE MUNICIPAL MANAGER MANGAUNG LOCAL MUNICIPALITY

lete a separate form for e	ach entry objecte	ed to)								
nit No					Subu Scheme Na					
ON 1: OBJECTOR INFO	RMATION			_						
OBJECTOR IS THE C	WNER	_								
Registered Owner of	Property:			1						
Identity No:					Company or (Registra	C.C. ition				
Physical Address of										
Owner							Co	ode		
Postal Address of Owner							Co	ode		
Telephone No:	()					()				
Home	· /				Work	, ,				
Cell No:					Fax No:	()				
E-mail Address										
Name of Objector	LILE OWNER OR	MUNICI	PALITY IS TH	Compa Registr	ny or C.C. ation					
Identity No: Postal Address of Objector Telephone No:		MUNICI	PALITY IS TH	Compa	ation		Co	ode		
Postal Address of Objector Telephone No: Home	()	MUNICI	PALITY IS TH	Compa	ation Work	()	Co	ode		
Postal Address of Objector Telephone No: Home Cell No:		MUNICI	PALITY IS TH	Compa	ation	()	Co	ode		
Postal Address of Objector Telephone No: Home		MUNICI	PALITY IS TH	Compa	ation Work		Co	ode		
Postal Address of Objector Telephone No: Home Cell No:	()			Compa	Work Fax No:		Co	ode		
Postal Address of Objector Telephone No: Home Cell No: E-mail Address	()			Compa	Work Fax No:		Co	ode		
Postal Address of Objector Telephone No: Home Cell No: E-mail Address	() OR (e.g. Tenant,	Pending	Purchaser, M	Compa	Work Fax No:		Co	ode		
Identity No: Postal Address of Objector Telephone No: Home Cell No: E-mail Address STATUS OF OBJECT	() OR (e.g. Tenant,	Pending	Purchaser, M	Compa	Work Fax No:		Co	ode		
Identity No: Postal Address of Objector Telephone No: Home Cell No: E-mail Address STATUS OF OBJECT AUTHORIZED REPRE	() OR (e.g. Tenant,	Pending	Purchaser, M	Compa	Work Fax No:			ode		
Identity No: Postal Address of Objector Telephone No: Home Cell No: E-mail Address STATUS OF OBJECT AUTHORIZED REPRENTATION OF Representative Postal Address of	() OR (e.g. Tenant,	Pending	Purchaser, M	Compa	Work Fax No:			ode)	
Identity No: Postal Address of Objector Telephone No: Home Cell No: E-mail Address STATUS OF OBJECT AUTHORIZED REPRIE Name of Representative Postal Address of Owner Telephone No:	OR (e.g. Tenant,	Pending	Purchaser, M	Compa	Work Fax No:	()	Co	ode ()	

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

CTION 2: PROPER		<u>s</u>						(FOR SE	CTIONA	L TITI		E SECTION	4)
Physical A	ddress										Code		
Extent of P	roperty				m²								
Municipal Number	Account												
Name of B Holder	Sond				Regist of Bon	ered Amount	t					(If applicable	e)
PROVIDE F PROPERTY			F ALL S	SERVITUDES	, ROAI	D PROCLAMA	ATI	ONS OR (OTHER E	ENDO	RSEME	NTS AGAIN	ST THE
Servitude N	No:							Aff	ected Are	ea			m²
In Favour (Of												
For What F	Purpose												
Was Cor Paid:	mpensation	Yes	No]									
If Yes, Payment	Date of			•				A	Amount:	R			
CTION 3: DESCRIF (Indicate nu Main Dwelli	ımber or sta			WELLING (F		CTIONAL TITI	LES	S SEE SECT	ΓΙΟΝ 4)				
No of Bedr	ooms			athrooms		Kitchen				Lour	nge		
Dining Roo	om		Lounge Room	with Dining		Study				Play	room		
Television	Room		Laundry	,		Separate To	oile	et					
Other						Other							
Other						Other							
OUTBUILDI	NGS					\neg	Г						
No of Gara	iges							Size of Dwe	elling				m²
Granny Fla	nt/Rooms						_	Size of Out	building				m²
Other							_	Size of Oth	er Buildin	gs			m²
OTHER O	UTBUILDING	GS (AT	TACH A	NNEXURE)				Total Buildin	ng Size				m²
OTHER	Swimming	Pool					Te	ennis Courts					
										-	Good	Average	Poor
-	Bore Hole							arden					
EENOINO	Other			Farant		<u> </u>		ther	0:	1- 4			0
FENCING	_			Front		Bac	CK		Sic	de 1		Side	2
	Type												
DDIVE 14/43/	Height	Do::::	'o oto)									/ T ' -	l.)
DRIVE WAY	(e.g. DIICKS	, гаvег	o c it()			Is your prope		situated in	a boomed	d or	_	Yes (Tic	No No
	ATURES:						•						
GENERAL C												(Tick)	
GOOD				ERAGE			PΩ	OR					
0000		1	, , , ,			1		J.,					

SECTION	4: SECTIONAL	TITLE U								
	Scheme No:		Name of Scheme			Flat No Door No			Unit Size	m²
	Name of Mana Agent	ging				Tel No				
Indicate N	lumber or State Y	es/No in	Appropriate Box		Γ					
	No of Bedrooms	s	No of Bathrooms		Kitchen			Lounge		
	Dining Room		Lounge with Din Room	ing	Study			Playroom		
	Television Roor	m	Laundry		Separate Toilet					
	Other				Other					
	Other				Other					
	Monthly Levy	R					D	etail of Excl		
	COMMON PRO	PERTY	CONSISTS OF:				Gar	age		m²
	Swimming Pool	1					Car	port		m²
	Tennis Court						Оре	en Parking		m²
	Other						Sto	re Room		m²
	Other						Gar	den		m²
	Other						Oth	er		m²
SECTION	5: MARKET INF	ORMAT	ION:							
	If your property asking price?	is currer	itly on the market what	is the		roperty has be s the asking p			et in the last 3	years
	R				R					
	Offer Received:				Offer Re	ceived:				
	R				R					
	Name of Agent:				Tel No	n:				
			er properties in the vici	nitv) used by t			arket	value of pro	perty objecte	ed to:
	Erf / Unit N			/ Scheme Na			e of S		Selling	Price
05051011		DET 411 4								
SECTION	6: OBJECTION	DETAIL	•	Doub	A - D - () (-					
	Г			Parti	culars As Reflecte Valuation Roll		(Changes Re	equested By	Objector
	Description of	the Pro	perty / Unit No							
	Category									
	Physical Addre	ess / Do	or No / Flat No							
	Extent						\perp			
	Market Value									
	Name of Owne	er								
ADVERSI	F FFATURES AN	ID / OR F	FURTHER REASONS	IN SUPPORT	OF THIS OBJECT	ION (ANNEX	URE	S CAN BE I	PROVIDED).	

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.

Date:	
Date:	
SIGNATURE	DATE
	Date: