



FORM B: PROPERTIES OTHER THAN RESIDENTIAL OR AGRICULTURAL (e.g. business, factories, offices and schools) OBJECTION NUMBER: _____

THE MUNICIPAL MANAGER
STEVE TSHWETE LOCAL MUNICIPALITY

LODGING OF AN OBJECTION AGAINST A MATTER REFLECTED IN OR OMITTED FROM THE VALUATION ROLL FOR THE PERIOD 1 JULY 2018 TO 30 JUNE 2023.

(COMPLETE A SEPARATE FORM FOR EACH ENTRY OBJECTED TO)

ERF / UNIT NO: _____ SUBURB / SCHEME NAME: _____

SECTION 1: OBJECTOR INFORMATION

1.1 OBJECTOR IS THE OWNER

REGISTERED OWNER OF PROPERTY: _____

IDENTITY NO: _____ COMPANY OR CC REG. NO: _____

PHYSICAL ADDRESS OF OWNER: _____ CODE: _____

POSTAL ADDRESS OF OWNER: _____ CODE: _____

TELEPHONE NO: HOME: _____ WORK: _____

CELL PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

1.2 OBJECTOR IS NOT THE OWNER OR MUNICIPALITY IS THE OBJECTOR

NAME OF OBJECTOR: _____

IDENTITY NO: _____ COMPANY OR CC REG. NO: _____

POSTAL ADDRESS OF OBJECTOR: _____ CODE: _____

TELEPHONE NO: HOME: _____ WORK: _____

CELL PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

STATUS OF OBJECTOR (eg. Tenant, Pending purchaser, Municipality, etc.) _____

Complete: erf / unit no: _____ area / scheme name: _____

Please complete the bottom of each page



1.3 AUTHORISED REPRESENTATIVE* OF THE OBJECTOR

NAME OF REPRESENTATIVE: _____
POSTAL ADDRESS: _____ CODE: _____
TELEPHONE NO: HOME: _____ WORK: _____
CELL PHONE: _____ FAX: _____
EMAIL ADDRESS: _____

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

PHYSICAL ADDRESS: _____ CODE: _____
EXTENT OF PROPERTY : _____ m²
MUNICIPAL ACCOUNT NO : _____ (if available)
NAME OF BONDHOLDER : _____
REGISTER AMOUNT OF BOND : _____
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)
(INFORMATION UNDER 3.1 TO 3.4 TO BR SUPPLIED BY MEANS OF ANNEXURES AS FOLLOWS)**

3.1 TENANT AND RENT INFORMATION – ANNEXURE A

NAME OF TENANT	SIZE	RENTAL (EXCL. VAT)	ESCALATION OF RENTAL	OTHER CONTRIBUTION	TERM OF LEASE	START DATE

3.2 SCHEDULE OF EXPENSES INCLUDING: MUNICIPAL, ADMINISTRATION, INSURANCE, AND SECURITY ETC. – ANNEXURE B

3.3 STATEMENT OF INCOME & EXPENDITURE FOR PREVIOUS FINANCIAL YEAR – ANNEXURE C

3.4 BUILDING SIZES – ANNEXURE D

BUILDING NO.	SIZE m ²	DESCRIPTION (e.g. used as a shop, office etc.	CONDITION

** If a represented is appointed, proof of authorisation must be attached*

Complete: Erf / unit No: _____ area / scheme name: _____

Please complete the bottom of each page



3.5 IF THE PROPERTY HAS NOT BEEN DEVELOPED TO ITS HIGHEST AND BEST USE, INDICATE THE EXTENT OF LAND THAT IS AVAILABLE FOR FURTHER DEVELOPMENT.

_____m²

OTHER FEATURES OF BUILDINGS: (PROVIDE ANNEXURE E IF NECESSARY) _____

SECTION 4: SECTIONAL TITLE UNITS

SCHEME NO	<input type="text"/>	NAME OF SCHEME	<input type="text"/>	SHOP NO / BUILDING NO / DOOR NO	<input type="text"/>	UNIT SIZE	<input type="text"/>	m ²
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NAME OF MANAGING AGENT: _____ TEL NO: _____

SHOPS	<input type="text"/>	m ²
OFFICES	<input type="text"/>	m ²
FACTORIES	<input type="text"/>	m ²

OTHER	<input type="text"/>	m ²
OTHER	<input type="text"/>	m ²
OTHER	<input type="text"/>	m ²

TENANT AND RENT INFORMATION – ANNEXURE A

NAME OF TENANT	SIZE	RENTAL (EXCL. VAT)	ESCALATION	OTHER CONTRIBUTION	TERM LEASE	OF	START DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MONTHLY LEVY	R	<input type="text"/>					

COMMON PROPERTY CONSISTS OF

SWIMMING POOL	<input type="text"/>
TENNIS COURT	<input type="text"/>
OTHER	<input type="text"/>
OTHER	<input type="text"/>
OTHER	<input type="text"/>

DETAILS OF EXCLUSIVE AREAS

GARAGE	<input type="text"/>
CARPORT	<input type="text"/>
OPEN PARKING	<input type="text"/>
STORE ROOM	<input type="text"/>
GARDEN	<input type="text"/>

Complete: Erf / unit No: _____ area / scheme name: _____

Please complete the bottom of each page



OTHER		OTHER	
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SECTION 5: MARKET INFORMATION

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

IF YOUR PROPERTY HAS BEEN ON THE MARKET IN THE LAST 3 YEARS WHAT WAS THE ASKING PRICE?	
R	
OFFER RECEIVED	R

NAME OF AGENT: _____ TEL NO: _____

SALE TRANSACTIONS USED BY THE OBJECTOR IN DETERMINING THE MARKET VALUE OF PROPERTY OBJECTED TO (IF INSUFFICIENT SPACE PROVIDE ANNEXURE E)

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

SECTION 6: OBJECTION DETAILS

ERF DESCRIPTION	PARTICULARS AS REFLECTED IN THE VALUATION ROLL	CHANGE 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 (ANNEXURE F 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 OF CONCERNED RELIES ON SUCH DOCUMENT, INFORMATION OR PARTICULARS IN AN APPEAL TO AN APPEAL BOARD, THE APPEAL BOARD MAY MAKE AN ORDER 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.

DATE (Year, Month, Day)

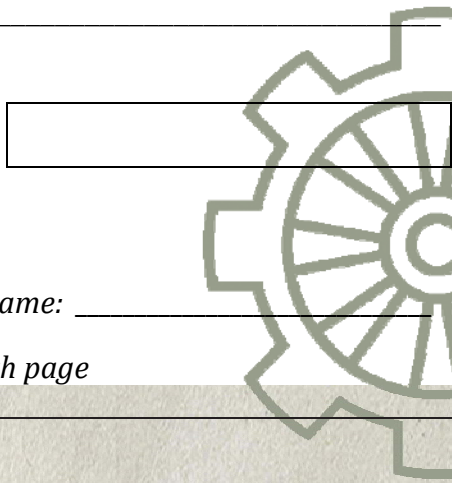
SIGNATURE

OFFICIAL USE

SECTION 8: DECISION OF MUNICIPAL VALUER

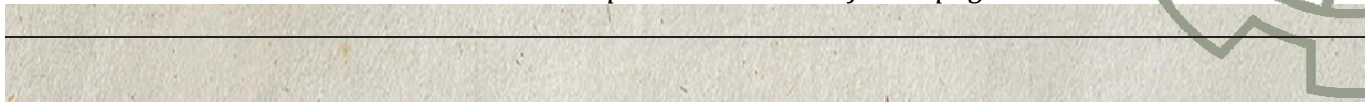
DESCRIPTION OF THE PROPERTY / UNIT NO.	
CATEGORY	
PHYSICAL ADDRESS / DOOR NO / FLAT NO.	
EXTENT	
MARKET VALUE	
NAME OF OWNER	

REASONS OF THE MUNICIPAL VALUER



Complete: Erf / unit No: _____ area / scheme name: _____

Please complete the bottom of each page



NAME OF MUNICIPAL VALUER / ASSISTANT MUNICIPAL VALUER*

*DELETE WHICHEVER IS NOT APPLICABLE

SIGNATURE

DATE

YEAR	MONTH	DAY

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

