



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

OBJECTION NUMBER: _____

THE MUNICIPAL MANAGER
STEVE TSHWETE LOCAL MUNICIPALITY

LODGING OF AN OBJECTION AGAINST A MATTER REFLECTED IN OR OMITTED FROM THE SUPPLEMENTARY VALUATION ROLL DATED 31 OCTOBER 2018 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 : _____
 REGISTERED 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)
 (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 | | | | |

** 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



OUTBUILDINGS

| | |
|---------------------|--|
| NO. OF GARAGES | |
| GRANNY FLAT / ROOMS | |
| OTHER | |

| | | |
|-------------------------|--|----------------|
| SIZE OF MAIN DWELLING | | m ² |
| SIZE OF OUTBUILDING | | m ² |
| SIZE OF OTHER BUILDINGS | | m ² |
| TOTAL BUILDING SIZE | | m ² |

OTHER IMPROVEMENTS (attach annexure)

OTHER:

| | | | | | |
|---------------|--|--------------|------|---------|------|
| SWIMMING POOL | | TENNIS COURT | | | |
| BORE HOLE | | GARDEN | GOOD | AVERAGE | POOR |
| OTHER | | | | | |
| | | OTHER | | | |

FENCING:

| | | | | |
|--------|-------|------|--------|--------|
| | FRONT | BACK | SIDE 1 | SIDE 2 |
| TYPE | | | | |
| HEIGHT | | | | |

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

| | | |
|--|-----|----|
| IS YOUR PROPERTY SITUATED IN A BOOMED AREA OR SECURITY | YES | NO |
| | | |

OTHER FEATURES: _____

GENERAL CONDITION OF PROPERTY: (Tick)

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

SECTION 4: SECTIONAL TITLE UNITS

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

NAME OF MANAGING AGENT: _____ TEL NO: _____

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

Please complete the bottom of each page



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

| |
|--|
| |
|--|

COMMON PROPERTY CONSISTS OF

| | |
|---------------|--|
| SWIMMING POOL | |
| TENNIS COURT | |
| OTHER | |
| OTHER | |
| OTHER | |

DETAILS OF EXCLUSIVE USE AREAS

| | |
|--------------|--|
| GARAGE | |
| CARPORT | |
| OPEN PARKING | |
| STORE ROOM | |
| GARDEN | |
| OTHER | |

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 (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 |
|----------------|----------------------|--------------|---------------|
| | | | |
| | | | |

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

Please complete the bottom of each page



| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

SECTION 6: OBJECTION DETAILS

| | 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 (annexures can be 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 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 | |

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

Please complete the bottom of each page



| | |
|---------------------------------------|--|
| 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

| | 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

