

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

The Municipal Manager  
 Govan Mbeki Municipality  
 Horwood Street  
 Private Bag X 1017  
**SECUNDA**  
 2302



OBJECTION NO

**LODGING OF AN OBJECTION AGAINST A MATTER REFLECTED IN THE SUPPLEMENTARY VALUATION ROLL 3 (MAINTENANCE OF GV 2016 / 2020)  
 (OBJECTION PERIOD 31 MAY TO 29 JUNE 2018)**

**DESCRIPTION OF PROPERTY IN RESPECT OF WHICH THE OBJECTION IS MADE**  
 (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 THE PROPERTY                                       |   |   |  | <input style="width: 100%; height: 20px;" type="text"/> |   |   |   |
| IDENTITY NO  |   | <input style="width: 100%; height: 20px;" type="text"/> |  | COMPANY OR CC REGISTRATION NO                           |   | <input style="width: 100%; height: 20px;" type="text"/> |   |
| PHYSICAL ADDRESS OF OWNER  |   | <input style="width: 100%; height: 20px;" type="text"/> |  |   |   | CODE  | <input style="width: 50px; height: 20px;" type="text"/> |
| POSTAL ADDRESS OF OWNER  |   | <input style="width: 100%; height: 20px;" type="text"/> |  |   |   | CODE  | <input style="width: 50px; height: 20px;" type="text"/> |
| TELEPHONE NO:  | HOME  | <input style="width: 100%; height: 20px;" type="text"/> |  | WORK  | <input style="width: 100%; height: 20px;" type="text"/> |   |   |
| CELL   | <input style="width: 100%; height: 20px;" type="text"/> |   |  | FAX NO  | <input style="width: 100%; height: 20px;" type="text"/> |   |   |
| E-MAIL ADDRESS <input style="width: 100%; height: 20px;" type="text"/> |   |   |  |   |   |   |   |

**1.2 OBJECTOR IS NOT THE OWNER OR MUNICIPALITY IS THE OBJECTOR**

|   |   |   |  |   |   |   |   |
|---|---|---|--|---|---|---|---|
| NAME OF OBJECTOR  |   |   |  | <input style="width: 100%; height: 20px;" type="text"/> |   |   |   |
| IDENTITY NO   |   | <input style="width: 100%; height: 20px;" type="text"/> |  | COMPANY OR CC REGISTRATION NO                           |   | <input style="width: 100%; height: 20px;" type="text"/> |   |
| POSTAL ADDRESS OF OBJECTOR  |   | <input style="width: 100%; height: 20px;" type="text"/> |  |   |   | CODE  | <input style="width: 50px; height: 20px;" type="text"/> |
| TELEPHONE NO:   | HOME  | <input style="width: 100%; height: 20px;" type="text"/> |  | WORK  | <input style="width: 100%; height: 20px;" type="text"/> |   |   |
| CELL  | <input style="width: 100%; height: 20px;" type="text"/> |   |  | FAX NO  | <input style="width: 100%; height: 20px;" type="text"/> |   |   |
| E-MAIL ADDRESS <input style="width: 100%; height: 20px;" type="text"/>    |   |   |  |   |   |   |   |
| STATUS OF OBJECTOR (e.g. Tenant,<br>Pending Purchaser, Municipality, etc) |   |   |  | <input style="width: 100%; height: 20px;" type="text"/> |   |   |   |

**1.3 AUTHORISED REPRESENTATIVE OF THE OBJECTOR**

|  |   |   |  |   |   |       |   |
|--|---|---|--|---|---|-------|---|
| NAME OF REPRESENTATIVE   |   |   |  | <input style="width: 100%; height: 20px;" type="text"/> |   |       |   |
| POSTAL ADDRESS   |   | <input style="width: 100%; height: 20px;" type="text"/> |  |   |   | CODE: | <input style="width: 50px; height: 20px;" type="text"/> |
| TELEPHONE NO:  | HOME  | <input style="width: 100%; height: 20px;" type="text"/> |  | WORK  | <input style="width: 100%; height: 20px;" type="text"/> |       |   |
| CELL   | <input style="width: 100%; height: 20px;" type="text"/> |   |  | FAX NO  | <input style="width: 100%; height: 20px;" type="text"/> |       |   |
| E-MAIL ADDRESS <input style="width: 100%; height: 20px;" type="text"/> |   |   |  |   |   |       |   |

**\* 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

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

|                      |                           |                |                |  |
|----------------------|---------------------------|----------------|----------------|--|
| PHYSICAL ADDRESS     |                           |                | CODE           |  |
| EXTENT OF PROPERTY   |                           | m <sup>2</sup> |                |  |
| MUNICIPAL ACCOUNT NO |                           |                | (if available) |  |
| NAME OF BOND HOLDER  | REGISTERED AMOUNT OF BOND |                |                |  |
|                      |                           |                | (if available) |  |

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

|                  |  |               |                |
|------------------|--|---------------|----------------|
| SERVITUDE NO     |  | AFFECTED AREA | m <sup>2</sup> |
| IN FAVOUR OF     |  |               |                |
| FOR WHAT PURPOSE |  |               |                |

|                                    |                 |    |        |   |  |
|------------------------------------|-----------------|----|--------|---|--|
| WAS COMPENSATION PAID?<br>IF YES:- | YES             | NO |        |   |  |
|                                    | 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 MAIN DWELLING      |  | m <sup>2</sup> |
| GRANNY FLAT / ROOMS                      |  | SIZE OF OUTBUILDINGS       |  | m <sup>2</sup> |
| OTHER                                    |  | SIZE OF OTHER BUILDINGS    |  | m <sup>2</sup> |
| <b>OTHER BUILDINGS (ATTACH ANNEXURE)</b> |  | <b>TOTAL BUILDING SIZE</b> |  | m <sup>2</sup> |

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

Complete: Erf / Unit No \_\_\_\_\_ Area / Scheme Name \_\_\_\_\_

PLEASE COMPLETE THE BOTTOM OF EACH PAGE

**SECTION 4: SECTIONAL TITLE UNITS**

SCHEME NO  NAME OF SCHEME  FLAT NO / DOOR NO:  UNIT SIZE  m<sup>2</sup>

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

COMMON PROPERTY CONSISTS OF:

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

DETAILS OF EXCLUSIVE USE AREAS

|              |  |                |
|--------------|--|----------------|
| GARAGE:      |  | m <sup>2</sup> |
| CARPORT      |  | m <sup>2</sup> |
| OPEN PARKING |  | m <sup>2</sup> |
| STORE ROOM   |  | m <sup>2</sup> |
| GARDEN       |  | m <sup>2</sup> |
| OTHER        |  | m <sup>2</sup> |

**SECTION 5: MARKET INFORMATION**

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

R

R

OFFER RECEIVED

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

R

R

OFFER RECEIVED

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 \_\_\_\_\_

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

**SECTION 7: DECLARATION**

ATTENTION IS HEREBY DRAWN TO SECTION 42(2) OF THE LOCAL GOVERNMENT: MUNICIPAL PROPERTY RATES ACT, 2004 (ACT NO 6 OF 2994) 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.

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_