

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 GENERAL VALUATION ROLL 2025/2030 (OBJECTION PERIOD 17 FEBRUARY TO 11 APRIL 2025)

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%;" type="text"/>			
IDENTITY NO	<input style="width: 150px;" type="text"/>		COMPANY OR CC REGISTRATION NO	<input style="width: 150px;" type="text"/>			
PHYSICAL ADDRESS OF OWNER	<input style="width: 150px;" type="text"/>				CODE	<input style="width: 50px;" type="text"/>	
POSTAL ADDRESS OF OWNER	<input style="width: 150px;" type="text"/>				CODE	<input style="width: 50px;" type="text"/>	
TELEPHONE NO:	HOME	<input style="width: 100px;" type="text"/>	WORK	<input style="width: 100px;" type="text"/>			
CELL	<input style="width: 100px;" type="text"/>		FAX NO	<input style="width: 100px;" type="text"/>			
E-MAIL ADDRESS	<input style="width: 100%;" type="text"/>						

1.2 OBJECTOR IS NOT THE OWNER OR MUNICIPALITY IS THE OBJECTOR

NAME OF OBJECTOR				<input style="width: 100%;" type="text"/>			
IDENTITY NO	<input style="width: 150px;" type="text"/>		COMPANY OR CC REGISTRATION NO	<input style="width: 150px;" type="text"/>			
POSTAL ADDRESS OF OBJECTOR	<input style="width: 150px;" type="text"/>				CODE	<input style="width: 50px;" type="text"/>	
TELEPHONE NO:	HOME	<input style="width: 100px;" type="text"/>	WORK	<input style="width: 100px;" type="text"/>			
CELL	<input style="width: 100px;" type="text"/>		FAX NO	<input style="width: 100px;" type="text"/>			
E-MAIL ADDRESS	<input style="width: 100%;" type="text"/>						
STATUS OF OBJECTOR (e.g. Tenant, Pending Purchaser, Municipality, etc)		<input style="width: 100%;" type="text"/>					

1.3 AUTHORISED REPRESENTATIVE OF THE OBJECTOR

NAME OF REPRESENTATIVE				<input style="width: 100%;" type="text"/>			
POSTAL ADDRESS	<input style="width: 150px;" type="text"/>				CODE:	<input style="width: 50px;" type="text"/>	
TELEPHONE NO:	HOME	<input style="width: 100px;" type="text"/>	WORK	<input style="width: 100px;" type="text"/>			
CELL	<input style="width: 100px;" type="text"/>		FAX NO	<input style="width: 100px;" type="text"/>			
E-MAIL ADDRESS	<input style="width: 100%;" 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 ²		
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 ²
IN FAVOUR OF			
FOR WHAT PURPOSE			

WAS COMPENSATION PAID? 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 ²
GRANNY FLAT / ROOMS		SIZE OF OUTBUILDINGS		m ²
OTHER		SIZE OF OTHER BUILDINGS		m ²
OTHER BUILDINGS (ATTACH ANNEXURE)		TOTAL BUILDING SIZE		m ²

OTHER:

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

FENCING:

	FRONT	BACK	SIDE 1	SIDE 2
TYPE				
HEIGHT				

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

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IS YOUR PROPERTY SITUATED IN A BOOMED AREA OR SECURITY

Tick: <input checked="" type="checkbox"/>	
YES	NO

OTHER FEATURES: _____

GENERAL CONDITION OF PROPERTY: (Tick)

GOOD		AVERAGE		POOR	
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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 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

COMMON PROPERTY CONSISTS OF:

SWIMMING POOL	
TENNIS COURT	
OTHER	
OTHER	
OTHER	

DETAILS OF EXCLUSIVE USE AREAS

GARAGE:		m ²
CARPORT		m ²
OPEN PARKING		m ²
STORE ROOM		m ²
GARDEN		m ²
OTHER		m ²

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 _____

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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 _____