

**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 4 (MAINTENANCE OF GV 2020 / 2025)  
 (OBJECTION PERIOD 22 MAY TO 30 JUNE 2023)**

**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, 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? 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	
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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	<input type="text"/>	NAME OF SCHEME	<input type="text"/>	FLAT NO / DOOR NO:	<input type="text"/>	UNIT SIZE	<input type="text"/> m <sup>2</sup>
NAME OF MANAGING AGENT	<input type="text"/>			TEL NO	<input type="text"/>		

INDICATE NUMBER OR STATE YES / NO IN APPROPRIATE BOX

NO OF BEDROOMS	<input type="text"/>	NO OF BATHROOMS	<input type="text"/>	KITCHEN	<input type="text"/>	LOUNGE	<input type="text"/>
DINING ROOM	<input type="text"/>	LOUNGE WITH DINING ROOM	<input type="text"/>	STUDY	<input type="text"/>	PLAYROOM	<input type="text"/>
TELEVISION ROOM	<input type="text"/>	LAUNDRY	<input type="text"/>	SEPARATE TOILET	<input type="text"/>		<input type="text"/>
OTHER	<input type="text"/>			OTHER	<input type="text"/>		<input type="text"/>
OTHER	<input type="text"/>			OTHER	<input type="text"/>		<input type="text"/>

MONTHLY LEVY  R

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 USE AREAS

GARAGE:	<input type="text"/>	m <sup>2</sup>
CARPORT	<input type="text"/>	m <sup>2</sup>
OPEN PARKING	<input type="text"/>	m <sup>2</sup>
STORE ROOM	<input type="text"/>	m <sup>2</sup>
GARDEN	<input type="text"/>	m <sup>2</sup>
OTHER	<input type="text"/>	m <sup>2</sup>

**SECTION 5: MARKET INFORMATION**

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

R	<input type="text"/>
R	<input type="text"/>

OFFER RECEIVED

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

R	<input type="text"/>
R	<input type="text"/>

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:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION 6: OBJECTION DETAILS**

	PARTICULARS AS REFLECTED IN THE VALUATION ROLL	CHANGES REQUESTED BY OBJECTOR
DESCRIPTION OF THE PROPERTY / UNIT NO	<input type="text"/>	<input type="text"/>
CATEGORY	<input type="text"/>	<input type="text"/>
PHYSICAL ADDRESS / DOOR NO / FLAT NO	<input type="text"/>	<input type="text"/>
EXTENT	<input type="text"/>	<input type="text"/>
MARKET VALUE	<input type="text"/>	<input type="text"/>
NAME OF OWNER	<input type="text"/>	<input type="text"/>

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 \_\_\_\_\_