



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

THE MUNICIPAL MANAGER
MOGALE CITY LOCAL MUNICIPALITY

Appeal
Objection No

LOGGING OF AN OBJECTION AGAINST THE DECISION OF THE MUNICIPAL VALUER REGARDING MATTERS PERTAINING TO SPECIFIC PROPERTY AS REFLECTED IN OR OMITTED FROM THE VALUATION ROLL/SUPPLEMENTARY VALUATION ROLL FOR THE PERIOD 1 JULY 2009 TO 30 JUNE 2012.

Delete whichever is not applicable

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 PROPERTY					
IDENTITY NO.			COMPANY OR CC REGISTRATION NO		
PHYSICAL ADDRESS OF OWNER				CODE	
POSTAL ADDRESS OF OWNER				CODE	
TELEPHONE NO	HOME			WORK	
	CELL			FAX	
E-MAIL ADDRESS					

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

NAME OF OBJECTOR					
IDENTITY NO.			COMPANY OR CC REGISTRATION NO		
POSTAL ADDRESS OF OBJECTOR				CODE	
TELEPHONE NO	HOME			WORK	
	CELL			FAX	
E-MAIL ADDRESS					
STATUS OF OBJECTOR e.g. Tenant, Pending Purchaser, Municipality					

1.1 AUTHORISED REPRESENTATIVE OF THE OBJECTOR

NAME OF REPRESENTATIVE	
------------------------	--

Note – All data fields on the form must be completed in full and omitted data may invalidate your objection. For fields that do not apply to your circumstance then to reflect as Not Applicable (N/A). The onus is on the objector to confirm that your objection has been received by the Municipality within the prescribed objection period for validation, and late objections received after the close of the objection period, not will not be accepted.



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

IDENTITY NO.				COMPANY OR CC REGISTRATION NO		
POSTAL ADDRESS OF REPRESENTATIVE					CODE	
TELEPHONE NO	HOME			WORK		
	CELL			FAX		
E-MAIL ADDRESS						

IF A REPRESENTATIVE IS APPOINTED, PROOF OF AUTHORISATION MUST BE ATTACHED

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

PHYSICAL ADDRESS CODE

EXTENT OF PROPERTY M²

MUNICIPAL ACCOUNT NO (If available)

NAME OF BOND HOLDER	REGISTERED AMOUNT OF BOND

(If applicable)

PROVIDE FULL DETAILS OF ALL SERVITUDES, ROADS PROCLAMATIONS OR OTHER ENDORSEMENTS AGAINST THE PROPERTY (IF APPLICABLE)

SERVITUDE NO	AFFECTED AREA	M ²
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
DINNING ROOM	LOUNGE WITH DINNING ROOM	STUDY	PLAYROOM
TELEVISION ROOM	LAUNDRY	SEPARATE TOILET	
OTHER		OTHER	
OTHER		OTHER	

Note – All data fields on the form must be completed in full and omitted data may invalidate your objection. For fields that do not apply to your circumstance then to reflect as Not Applicable (N/A). The onus is on the objector to confirm that your objection has been received by the Municipality within the prescribed objection period for validation, and late objections received after the close of the objection period, not will not be accepted.



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

OUTBUILDINGS

NO.OF GARAGES	
GRANNY FLAT/ROOMS	
OTHER	

SIZE OF MAIN DWELLING		M ²
SIZE OF OUT BUILDING		M ²
SIZE OF OTHER BUILDINGS		M ²
TOTAL BUILDING SIZE		M ²

OTHER BUILDINGS (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 APPROPRIATE BOX)

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

SECTION 4: SECTIONAL TITLES UNITS

SCHEME NO		NAME OF SCHEME		FLAT NO/ DOOR NO		UNIT SIZE	M ²
-----------	--	----------------	--	------------------	--	-----------	----------------

NAME OF MANAGING AGENT		TEL NO.	
------------------------	--	---------	--

INDICATE NUMBER OR STATE YES/NO IN APPROPRIATE BOX

NO.OF BEDROOMS		NO. OF BATHROOMS		KITCHEN		LOUNGE	
DINNING ROOM		LOUNGE WITH DINNING ROOM		STUDY		PLAYROOM	
TELEVISION ROOM		LAUNDRY		SEPARATE TOILET			
OTHER				OTHER			
OTHER				OTHER			

MONTHLY LEVY	R
--------------	---

Note – All data fields on the form must be completed in full and omitted data may invalidate your objection. For fields that do not apply to your circumstance then to reflect as Not Applicable (N/A). The onus is on the objector to confirm that your objection has been received by the Municipality within the prescribed objection period for validation, and late objections received after the close of the objection period, not will not be accepted.



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

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
OFFER RECEIVED	R
NAME OF AGENT	

IF YOUR PROPERTY HAS BEEN ON THE MARKET THE LAST 3 YEARS

WHAT WAS THE ASKING PRICE?	R
OFFER RECEIVED	R
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		

Note – All data fields on the form must be completed in full and omitted data may invalidate your objection. For fields that do not apply to your circumstance then to reflect as Not Applicable (N/A). The onus is on the objector to confirm that your objection has been received by the Municipality within the prescribed objection period for validation, and late objections received after the close of the objection period, not will not be accepted.



Mogale City

Local Municipality

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

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 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 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.

YEAR	MONTH	DAY

SIGNATURE

Note – All data fields on the form must be completed in full and omitted data may invalidate your objection. For fields that do not apply to your circumstance then to reflect as Not Applicable (N/A). The onus is on the objector to confirm that your objection has been received by the Municipality within the prescribed objection period for validation, and late objections received after the close of the objection period, not will not be accepted.