



# Mogale City

## Local Municipality

### FORM C: AGRICULTURAL HOLDINGS OR FARMS

Supplementary  
Objection No

THE MUNICIPAL MANAGER  
MOGALE CITY LOCAL MUNICIPALITY

LOGGING OF AN OBJECTION AGAINST THE DECISION OF THE MUNICIPAL VALUER REGARDING MATTERS PERTAINING TO A SPECIFIC PROPERTY AS REFLECTED IN OR OMITTED FROM THE SUPPLEMENTARY VALUATION ROLL FOR THE PERIOD 1 JULY 2019 TO 30 JUNE 2020.

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), DELETE SECTIONS WHICH ARE NOT APPLICABLE.

PORTION NO	<input type="text"/>	AGRICULTURAL HOLDING / FARM NAME	<input type="text"/>
FARM NO	<input type="text"/>	REGISTRATION DIVISION	<input type="text"/>

#### 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, other			

##### 1.1 AUTHORISED REPRESENTATIVE OF THE OBJECTOR

NAME OF REPRESENTATIVE			
IDENTITY NO.		COMPANY OR CC REGISTRATION NO	
POSTAL ADDRESS OF REPRESENTATIVE			CODE

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 the validation, and late objections received after the close of the objection period, will not be accepted.



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TELEPHONE NO	HOME		WORK	
	CELL		FAX	
E-MAIL ADDRESS				

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

#### SECTION 2: PROPERTY DETAILS

PHYSICAL ADDRESS  CODE

EXTENT OF PROPERTY  M<sup>2</sup>

MUNICIPAL ACCOUNT NO  (If available)

NAME OF BOND HOLDER	REGISTERED AMOUNT OF BOND
<input type="text"/>	<input type="text"/>

(If available)

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

SERVITUDE NO	AFFECTED AREA	M <sup>2</sup>
<input type="text"/>	<input type="text"/>	<input type="text"/>
IN FAVOUR OF		
FOR WHAT PURPOSE		

WAS COMPENSATION PAID	YES	NO
<input type="text"/>	<input type="text"/>	<input type="text"/>

IF YES: DATE OF PAYMENT	AMOUNT	R
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### SECTION 3: DESCRIPTION OF RESIDENTIAL DWELLING (FOR SECTIONAL TITLE COMPLETE SECTION 4) (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 DINNING 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"/>		
OTHER	<input type="text"/>		SIZE OF MAIN DWELLING ( M <sup>2</sup> )				

#### 3.2 OTHE BUILDINGS – ATTACH AS ANNEXURE A

BUILDING NO.	DESCRIPTION	SIZE M2	CONDITION	IS THE BUILDING FUNCTIONAL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### 3.3 IS ANY PORTION OF THE PROPERTY USED FOR ANY PURPOSE OTHER THAN AGRICULTURE? (E.G. Business, mining, eco-tourism, trading in or hunting game)

TICK	
YES	NO
<input type="text"/>	<input type="text"/>

IF YES – DESCRIBE THE USE(S)

IF NECESSARY PROVIDE ANNEXURE B

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#### 3.4 LAND USE ANALYSIS

NON AGRICULTURAL (REFER TO 3.3)	ha
GRAZING	ha
UNDER IRRIGATION	ha
DRY LAND	ha
PERMANENT CROPS	ha
OTHER	ha
OTHER	ha
OTHER	ha
TOTAL	ha

CONDITION OF FENCES		
GOOD	AVERAGE	POOR
AREA GAME FENCED		Ha

NUMBER OF BOREHOLES	
OUTPUT LITRES/HOUR	
DAMS	
CAPACITY	

IS THE PROPERTY EXPOSED TO A RIVER?			
YES		NO	

#### 3.5 OTHER

IS YOUR PROPERTY AFFECTED BY A LAND CLAIM?	YES		NO	
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IF YES:-	DATE OF CLAIM	
	GAZETTE NO.	

DO YOU HAVE WATER RIGHTS?	YES		NO	
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IF YES:- PROVIDE DETAILS \_\_\_\_\_

HAVE YOU APPLIED FOR REZONING OR CONSENT USE? CONSENT USE e.g. guest houses, business etc.	YES		NO	
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IF YES:- PROVIDE DETAILS \_\_\_\_\_

HAS YOUR AGRICULTURAL HOLDINGS PROPERTY BEEN EXCISED	YES		NO	
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IF YES:- FULL DETAILS \_\_\_\_\_

HAS THE TOWNSHIP BEEN APPLIED FOR OR PROCLAIMED?	YES		NO	
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IF YES:- NEW FARM DESCRIPTION \_\_\_\_\_

#### TENANT AND RENT INFORMATION – ANNEXURE C

NAME OF TENANT	SIZE	RENTAL EXCL VAT)	ESCALATION	OTHER CONTRIBUTIONS	TERM OF LEASE	START DATE	USE
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#### SECTION 4: MARKET INFORMATION

IF YOUR PROPERTY IS CURRENTLY ON THE MARKET

WHAT IS THE ASKING PRICE?	R
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IF YOUR PROPERTY HAS BEEN ON THE MARKET THE LAST 3 YEARS

WHAT WAS THE ASKING PRICE?	R
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OFFER RECEIVED	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

#### SECTION 6: OBJECTION DETAILS

	PARTICULARS AS REFLECTED IN THE SUPPLEMENTARY 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)

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#### 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

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