



# OBJECTION FORM A: RESIDENCIAL (FULL TITLE & SECTIONAL TITLE USED FOR RESIDENCIAL PURPOSE)

**GENERAL VALUATION 2013**

Objection No.

LODGING OF AN OBJECTION AGAINST THE DECISION OF THE MUNICIPAL VALUER REGARDING MATTERS PERTAINING TO SPECIFIC PROPERTY AS REFLECTED IN OR OMITTED FROM THE GENERAL VALUATION ROLL FOR THE PERIOD 1 JULY 2013 TO 30 JUNE 2017

\*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				

### 1.3 AUTHORISED REPRESENTATIVE OF THE OBJECTOR

NAME OF REPRESENTATIVE				
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

Complete: Erf/Unit No ..... Area/Scheme Name .....

PLEASE COMPLETE THE BOTTOM OF EACH PAGE



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

(If applicable)

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	<input type="text"/>	
FOR WHAT PURPOSE	<input type="text"/>	

WAS COMPENSATION PAID	YES	NO	AMOUNT	R
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IF YES: DATE OF PAYMENT	<input type="text"/>		<input type="text"/>	<input type="text"/>

## SECTION 3: DESCRIPTION OF RESIDENCIAL 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DINNING ROOM	LOUNGE WITH DINNING ROOM	STUDY	PLAYROOM
TELEVISION ROOM	LAUNDRY	SEPARATE TOILET	<input type="text"/>
OTHER	<input type="text"/>	OTHER	<input type="text"/>
OTHER	<input type="text"/>	OTHER	<input type="text"/>

### OUTBUILDINGS

NO. OF GARAGES	
<input type="text"/>	<input type="text"/>
GRANNY FLAT/ROOMS	<input type="text"/>
OTHER	<input type="text"/>

SIZE OF MAIN DWELLING	M <sup>2</sup>
<input type="text"/>	<input type="text"/>
SIZE OF OUT BUILDING	M <sup>2</sup>
<input type="text"/>	<input type="text"/>
SIZE OF OTHER BUILDINGS	M <sup>2</sup>
<input type="text"/>	<input type="text"/>
TOTAL BUILDING SIZE	M <sup>2</sup>
<input type="text"/>	<input type="text"/>

### OTHER BUILDINGS (ATTACH ANNEXURE)

SWIMMING POOL	TENNIS COURT	GOOD	AVERAGE	POOR
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BORE HOLE	GARDEN	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER	OTHER	<input type="text"/>	<input type="text"/>	<input type="text"/>

FENCING	FRONT	BACK	SIDE 1	SIDE 2
TYPE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HEIGHT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DRIVE WAY (E.G. Bricks, pavers)

IS YOUR PROPERTY SITUATED IN  
A BOOMED AREA OR SECURITY

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

Complete: Erf/Unit No ..... Area/Scheme Name .....

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OTHER FEATURES

GENERAL CONDITION OF PROPERTY (TICK APPROPRIATE BOX)

GOOD		AVERAGE		POOR	
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## SECTION 4: SECTIONAL TITLES UNITS

SCHEME NO		NAME OF SCHEME		FLAT NO/ DOOR NO		UNIT SIZE	M <sup>2</sup>
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NAME OF MANAGING AGENT		TEL NO.	( )
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INDICATE NUMBER OR STATE YES/NO IN APPROPRIATE BOX

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

MONTHLY LEVY	R
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## 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>

COMMON PROPERTY CONSISTS OF:

SWIMMING POOL	
TENNIS COURT	
OTHER	
OTHER	
OTHER	

## SECTION 5: MARKET INFORMATION

IF YOUR PROPERTY IS CURRENTLY ON THE MARKET

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

WHAT IS THE ASKING PRICE?	R
OFFER RECEIVED	R
NAME OF AGENT	

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		

Complete: Erf/Unit No ..... Area/Scheme Name .....

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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

Complete: Erf/Unit No ..... Area/Scheme Name .....

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