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| DR BEYERS NAUDE LOCAL MUNICIPALITY OBJECTION FORM |
| **FORM A: RESIDENTIAL AND SECTIONAL TITLE**  |
| LODGING of an Objection against a matter reflected in or omitted from the valuation roll/ |
| **COMPLETE A SEPARATE FORM FOR EACH ENTRY OBJECTED TO** |
| ERF NR/ UNIT NR TOWN / SCHEME NAME |

# PLEASE NOTE IMPORTANT INFORMATION

IF YOU ARE NOT THE PERSON WHO SUBMITTED THE OBJECTION, BUT HAVE BEEN APPOINTED TO REPRESENT THE APPELLANT, THEN A SIGNED POWER OF ATTORNEY OR RESOLUTION MUST BE INCLUDED AS PROOF OF THE REPRESENTATIVES APPOINTMENT.

THE VALUATION OFFICE ACCEPTS NO RESPONSIBILITY FOR ANY INFORMATION NOT INCLUDED BY THE APPELLANT.

APPLICANTS MUST PLEASE INCLUDE VALID REASONS, MOTIVATING THEIR APPEAL.

PLEASE NOTICE THAT ANY OBJECTIONS MUST FOCUS ON THE VALUATION AND NOT ON THE AMOUNT PAYABLE FOR RATES AND TAXES

SECTIONAL TITLE UNITS MUST **BE COMPLETED IN SECTION 4, AND NOT IN SECTION 2.**

FORM A : RESIDENTIAL

# SECTION 1 : OBJECTORS INFORMATION

1.1. **Objector is the owner**

1. NAME AND SURNAME

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1. IDENTITY NUMBER
2. NAME OF CC OR COMPANY

D . REGISTRATION NR OF CC OR COMPANY

1. TELEPHONE NR FAX NR
2. EMAIL ADDRESS (PLEASE PRINT!!)
3. CELL NR
4. STREET ADDRESS
5. POSTAL ADDRESS

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| **1.2. Objector is not the owner OR Municipality is the objector** |
| A. NAMEOF OBJECTOR (OR) NAME OF MUNICIPALITY |
| B. IDENTITY NR |
| C. NAME OF CC OR COMPANY |
| D . REGISTRATION NR OF CC OR COMPANY |
| E. TELEPHONE NR |
| FAX NR |
| F. EMAIL ADDRESS (**Please Print!!**) |
| G. CELL NR |
| H. STREET ADDRESS |

I. POSTAL ADDRESS

|  |
| --- |
| J. STATUS OF OBJECTOR |
| (EX. TENANT, OR PENDING PURCHASER,MUNICIPALITY) |
| **1.3. Authorised Representitive of the Objector** |
| **Proof of Authorisation must be attached)** |
| A. NAME OF REPRESENTATIVE |
| B. CAPACITY |

1. POSTAL ADDRESS
2. TELEPHONE NR FAX NR
3. CELL NR
4. EMAIL ADDRESS **(Please Print)**

# Complete: Erf/ Unit no …………………………… Area/ Scheme name ……………………………………

Form A: Residential

# SECTION 2 : PROPERTY DETAILS. (For sectional titles see Section 4)

|  |  |  |  |
| --- | --- | --- | --- |
| **Undeveloped Propery** | **YES** |  | **NO** |
| A. PROPERTY STREET ADDRESS |  |  |  |
| B. EXTEND OF PROPERTY |  | M² |  |
| C. MUNICIPAL ACCOUNT NR |  |  |  |
| D. NAME OF BOND HOLDER (If any) |  |  |  |
| E. REGISTERED AMOUNT OF BOND |  |  | R |

**Provide full details of all servitutes, road proclamations or other endorsements**

1. SERVITUTE NR

|  |
| --- |
|  |
| M² |  |
|  |
|  |
| YES: | NO: |
|  | R |

1. AFFECTED AREA
2. IN FAVOUR OF
3. FOR WHAT PURPOSE
4. WAS COMPENSATION PAID
5. AMOUNT

# SECTION 3 : DESCRIPTION OF RESIDENTIAL DWELLING (Not for sectional titles) This section is for developed properties only

|  |
| --- |
| m² |
|  |
|  |
|  |
|  |
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|  |
|  |
| m² |

1. **MAIN DWELLING GROOTTE**

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|  |
|  |
|  |

No of bedrooms Television room

No of bathrooms Scullary

No of Kitchens Separate toilet

Lounge Study

Diningroom Other

Lounge/Dinning Other

Playroom Other

# OUTBUILDINGS EXTEND

No of garages Granny flat/ room

|  |  |
| --- | --- |
|  |  |
|  |
|  |
| **GOOD** | **AVERAGE** |  | **POOR** |
|  |  |  |  |

# OTHER

1. **FENCING**

Swimmingpool Bore Hole Tennis Court Garden

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TYPE** |  | **FRONT** | **BACK** | **SIDE 1** | **SIDE 2** |
|  |  |  |  |  |  |
| **HEIGHT** |  |  |  |  |  |

# Complete: Erf/ Unit no …………………………… Area/ Scheme name ……………………………………

Form A: Residential

# SECTION 4 : SECTIONAL TITLE UNITS

m²

* 1. SCHEME NO
	2. SCHEME NAME
	3. FLAT NO
	4. EXTEND OF UNIT
	5. DESCRIPTION OF UNIT (Indicate numbers OR state Yes or No Bedrooms Television Room

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|  |
|  |
| R |

Bathrooms Scullary

Kitchen Separate toilet

Lounge Study

Dining Other

Lounge/ Dining Other

Playroom Other

* 1. MONTHLY LEVY TO BODY CORPORATE
	2. DETAILS OF EXCLUSIVE USE AREAS Swimmingpool

|  |  |
| --- | --- |
| **YES :** | **NO :** |
| **YES :** | **NO :** |
| **YES :** | **NO :** |
| **YES :** | **NO :** |
| **YES :** | **NO :** |
| **YES :** | **NO :** |
| **YES :** | **NO :** |
| **YES :** | **NO :** |

Tennis Court Garage Carport

Open Parking Store room Garden

Other

Other Other

|  |  |
| --- | --- |
| **YES :** | **NO :** |
| **YES :** | **NO :** |

# SECTION 5 : IF YOUR PROPERTY IS CURRENTLY ON THE MARKET OR HAS BEEN ON THE MARKET FOR THE LAST 3 YEARS

1. Placed by owner on market Offer received Date

|  |
| --- |
| **R** |
|  |
| **R** |
|  |

1. Name of Estate Agent Offer received Date

Contact details of Estate agent Tel:

# Complete: Erf/ Unit no …………………………… Area/ Scheme name ……………………………………

Form A: Residential

# SECTION 6: PARTICULARS AS REFLECTED IN THE VALUATION ROLL

|  |  |  |
| --- | --- | --- |
|  |  | **ERF NO** |
|  | **SECTIONAL TITLE NO** |
|  | **SECTIONAL TITLE NAME** |
|  | **AREA/ DORP** |
|  |  |
|  |  |
|  |
|  |
| LL | R |
| R |
|  |
|  |

1. DESCRIPTION OF PROPERTY
2. CATEGORY (ex. Residential,farm)
3. STREET ADDRESS
4. MARKET VALUE AS ON VALUATION RO
5. REQUESTED VALUATION

E. NAME OF OWNER

# SECTION 6: DECLARATION

Attention is hereby drawn to Section 42(2) of the Act which states that where any document, information or particulars not provided when required in terms of sub Sec 42(1) of the Act and the owner concerned relies on such document, information or paticulars in appeal to an Appeal Board, the Appeal Board may make an order as to cost in tems of section 70 of the Act If the Appeal Board is of the view that the failure to provide any such document, information or particulars has placed an unnecessary burden on the function of the Municipal Valuer or the Appeal Board.

I/we Hereby declair

that the information and particulars supplied are true and correct.

DATE

|  |  |  |
| --- | --- | --- |
| **YEAR** | **MONTH** | **DATE** |
|  |  |  |

# Complete: Erf/ Unit no …………………………… Area/ Scheme name ……………………………………

**OFFICIAL USE**

# SECTION 8 : DECISION OF THE MUNICIPAL VALUER

Erf no, Unit no, Farm no:

Town, Scheme name, Farm District Category

**R**

Market value Extent Owner

**m2**

Municipal Valuer Reasons (See attached minutes) Municipal Valuers

Date of Valuation Date of Objection

Date reason requested Date of Appeal

# SECTION 9 : NOTIFICATION OF OUTCOME

|  |  |  |  |
| --- | --- | --- | --- |
| Valuation Adjusted | **GV/Sup****R** | **Adjusted****R** | **Final****R** |
| Objector/Appellant NotifiedOwner Notified |  |  |
|  |
| Municipal Official |  |  |
|  |  |

Capacity

Signature

**DATE**