

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

UMDONI MUNICIPALITY

Enquiries: Rates Section (Tel: 039 976 1202)

e-mail: objections@umdoni.gov.za

Office of the Chief Financial Officer

THE MUNICIPAL MANAGER
UMDONI MUNICIPALITY

OBJECTION NO. _____

UMDONI MUNICIPALITY LODGING OF AN OBJECTION AGAINST A MATTER REFLECTED IN OR OMITTED FROM THE VALUATION ROLL FOR THE PERIOD 1 JULY 2017 TO 30 JUNE 2022

(COMPLETE A SEPARATE FORM FOR EACH ENTRY OBJECTED TO)

SUBURB/SCHEME
NAME

ERF/UNIT NO. _____

SECTION 1: OBJECTOR INFORMATION

1.1. OBJECTOR IS THE OWNER

REGISTERED OWNER OF PROPERTY: _____

IDENTITY NO. _____

COMPANY OR C.C.
REGISTRATION NO. _____

PHYSICAL ADDRESS
OF OWNER _____ CODE _____

POSTAL ADDRESS
OF OWNER _____ CODE _____

TELEPHONE NO. HOME: (_____) _____ WORK: (_____) _____

CELL NO. _____ FAX NO.: (_____) _____

E-MAIL ADDRESS: _____

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

NAME OF OBJECTOR _____

IDENTITY NO. _____

COMPANY OR C.C.
REGISTRATION NO. _____

POSTAL ADDRESS OF
OBJECTOR: _____ CODE _____

TELEPHONE NO. HOME: (_____) _____ WORK: (_____) _____

CELL NO. _____ FAX NO. (_____) _____

E-MAIL ADDRESS: _____

STATUS OF OBJECTOR (e.g. Tenant, Pending Purchaser, Municipality etc.)

1.3. AUTHORISED REPRESENTATIVE OF THE OBJECTOR

NAME OF REPRESENTATIVE _____

POSTAL ADDRESS: _____ CODE _____

TELEPHONE NO. HOME: (_____) _____ WORK: (_____) _____

CELL: _____ FAX NO.: (_____) _____

E-MAIL ADDRESS: _____

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

NB: THE OBJECTION IS TOWARD THE VALUATION OF THE PROPERTY, NOT RATES

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

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SECTION 2: PROPERTY DETAILS

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, ROAD PROCLAMATIONS OR OTHER ENDORSEMENTS
AGAINST THE PROPERTY (If applicable)

SERVITUDE NO. _____ AFFECTED AREA _____ m²

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 _____

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 _____ m²

GRANNY FLAT/ROOMS _____ SIZE OF OUTBUILDING _____ m²

OTHER: _____ SIZE OF OTHER BUILDINGS _____ m²

OTHER BUILDINGS (ATTACH ANNEXURE)

TOTAL BUILDING SIZE _____ m²

OTHER:

SWIMMING POOL _____ TENNIS COURT _____

GOOD AVERAGE POOR

BOREHOLE _____ GARDEN: _____

OTHER _____ OTHER _____

FENCING:

	FRONT	BACK	SIDE 1	SIDE 2
TYPE				
HEIGHT				

DRIVEWAY (e.g. Bricks, pavers) _____

Tick (✓)
IS YOUR PROPERTY SITUATED IN
A BOOMED AREA OR SECURITY _____ YES NO

OTHER FEATURES _____

GENERAL CONDITION OF PROPERTY

(Tick ✓)

GOOD _____ AVERAGE _____ POOR _____

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

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SECTION 4: SECTIONAL TITLE UNITS

SCHEME NO. _____		NAME OF SCHEME _____		FLAT NO./ DOOR NO. _____ UNIT SIZE _____ m ²	
NAME OF MANAGING AGENT _____				TELEPHONE NO. _____	
INDICATE NUMBER OR STATE YES/NO IN APPROPRIATE BOX					
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: _____	
MONTHLY LEVY R _____				DETAILS OF EXCLUSIVE USE AREAS:	
COMMON PROPERTY CONSISTS OF :				GARAGE _____ m ²	
SWIMMING POOL _____				CARPORT _____ m ²	
TENNIS COURT _____				OPEN PARKING _____ m ²	
OTHER _____				STORE ROOM _____ m ²	
OTHER _____				GARDEN _____ m ²	
OTHER _____				OTHER _____ m ²	

SECTION 5: MARKET INFORMATION

IF YOUR PROPERTY IS CURRENTLY ON THE MARKET YEARS

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

WHAT IS THE ASKING PRICE? R _____

WHAT WAS THE ASKING PRICE? R _____

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 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		

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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 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:

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