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

UMZUMBE MUNICIPALITY

Enquiries: The Revenue Department Tel : 039 972 0005

Office of the Chief Financial Officer

THE MUNICIPAL MANAGER OBJECTION NO. _____

UMZUMBE MUNICIPALITY : LODGING OF AN OBJECTION AGAINST A MATTER REFLECTED IN OR OMITTED FROM THE VALUATION ROLL FOR THE PERIOD 1 JULY 2024 TO 30 JUNE 2029

DESCRIPTION OF PROPERTY IN RESPECT OF WHICH THE OBJECTION IS MADE
(COMPLETE A SEPARATE FORM FOR EACH ENTRY OBJECTED TO)

PORTION/UNIT NO. _____ERF/FARM NO. _____FARM/TOWNSHIP _____ SCHEME NAME _____

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. _____

PHYSICAL ADDRESS OF OBJECTOR _____ CODE _____

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 NO. _____ FAX NO : (_____)_____

E-MAIL ADDRESS: _____

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

Portion_____Erf/Unit No. _____Township / Scheme Name / Farm No _____

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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 : _____(If applicable)

REGISTERED AMOUNT OF BOND : R_____

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? Tick (√) 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)

MAIN DWELLING :

NO. OF BEDROOMS _____NO. OF BATHROOMS _____KITCHEN _____LOUNGE _____
DINING ROOM _____LOUNGE WITH DINING ROOM _____STUDY _____PLAYROOM _____

TELEVISION ROOM _____LAUNDRY _____SEPARATETOILET _____

OTHER: _____ OTHER _____

OUTBUILDINGS : SIZE OF MAIN DWELLING _____ m²

NO. OF GARAGES _____ NO. OF CARPORTS : _____

GRANNY FLAT _____ SIZE _____ m²

SERVANT QUARTERS _____ SIZE _____ m²

OTHER _____ SIZE _____ m²

OTHER BUILDINGS (ATTACH ANNEXURE)

SWIMMING POOL GOOD AVERAGE POOR TENNIS COURT GOOD AVERAGE POOR

BOREHOLE YES NO CONDITION _____ GARDEN YES NO CONDITION _____

FENCING FRONT BACK SIDE 1 SIDE 2
TYPE _____

HEIGHT _____

DRIVEWAY (e.g. Bricks, pavers)_____

OTHER FEATURES _____

GENERAL CONDITION OF PROPERTY (Tick (√))

GOOD _____ AVERAGE _____ POOR _____

Portion_____Erf/Unit No. _____Township / Scheme Name / Farm No _____

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SECTION 4: SECTIONAL TITLE UNITS

SCHEME NO. _____ NAME OF SCHEME

UNIT NO. _____ FLAT NO / DOOR NO. _____ UNIT SIZE _____ m²

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 _____

COMMON PROPERTY CONSISTS OF

TENNIS COURT _____

SWIMMING POOL _____

OTHER _____

OTHER _____

OTHER _____

OTHER _____

DETAILS OF EXCLUSIVE USE AREAS

GARAGE _____ m²

CARPORT _____ m²

OPEN PARKING _____ m²

STORE ROOM _____ m²

GARDEN _____ m²

OTHER _____ m²

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 IN THE LAST 3 YEARS WHAT WAS THE ASKING PRICE? R _____

OFFER RECEIVED R _____

TEL. NO. (_____) _____

SALE TRANSACTIONS USED BY THE OBJECTOR IN DETERMINING THE MARKET VALUE OF THE PROPERTY OBJECTED TO
(IF INSUFFICIENT SPACE - PROVIDE ANNEXURE D)

PORTION NO.	ERF/ UNIT NO.	TOWNSHIP/ FARM NO/ SCHEME NAME	DATE OF SALE YEAR/MONTH/DAY ____/___/____	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		

Portion_____Erf/Unit No. _____Township / Scheme Name / Farm No _____

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ADVERSE FEATURES AND/OR FURTHER REASONS N 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 _____ _____ SIGNATURE
YEAR MONTH DAY

DATE _____ _____ SIGNATURE
YEAR MONTH DAY

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 _____ITO SECTION 52(1)(a) WHERE APPLICABLE

Portion_____Erf/Unit No. _____Township / Scheme Name / Farm No _____