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

UMDONI MUNICIPALITY

Enquiries: Rates Section (Tel: 039 976 1202) e-mail: zakhom@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 ROLLFOR THE PERIOD 1 JULY 2023 TO 30 JUNE 2028

(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 _____

Complete: Erf/Unit No……. Area/Scheme Name:
…….. PLEASE COMPLETE THE BOTTOM OF EACH PAGE

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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

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

SIZE OF OTHER

Complete: Erf/Unit No……. Area/Scheme Name: …….. PLEASE COMPLETE THE BOTTOM OF EACH PAGE

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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_____

SECTION 4: SECTIONAL TITLE UNITS

SCHEME NO. _____ NAME OF SCHEME _____ NAME OF MANAGING AGENT _____ TELEPHONE NO. _____

FLAT NO./ DOOR NO. _____ UNIT SIZE_____m²

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 :

SWIMMING POOL _____

TENNIS COURT _____

DETAILS OF EXCLUSIVE USE AREAS:

GARAGE_____m²

CARPORT _____m²

OPEN PARKING _____m²

STORE

Complete: Erf/Unit No…… Area/Scheme Name: …….. PLEASE COMPLETE THE BOTTOM OF EACH PAGE

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OTHER _____ ROOM _____ m²

OTHER _____ GARDEN _____ m²

OTHER _____ 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 (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		

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

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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:
…….. PLEASE COMPLETE THE BOTTOM OF EACH PAGE