

**OBJECTION FORM**

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

OBJECTION NO

**THE MUNICIPAL MANAGER  
EMAKHAZENI LOCAL MUNICIPALITY**

**LODGING OF AN OBJECTION AGAINST A MATTER REFLECTING IN OR OMITTED FROM THE VALUATION  
ROLL/SUPPLEMENTARY ROLL FOR THE PERIOD 1 JULY 2019 TO 30 JUNE 2024**

(COMPLETE A SEPARATE FORM FOR EACH ENTRY OBJECTION TO)

ERF/UNIT NO.

SUBURB/SCHEME NAME

**SECTION 1: OBJECTION INFORMATION**

**1.1 OBJECTION IS THE OWNER**

REGISTERED OWNER OF PROPERTY:

IDENTITY NO:

COMPANY/CC REG NO.

PHYSICAL ADDRESS OF OWNER:

CODE:

POSTAL ADDRESS OF OWNER:

CODE:

TELEPHONE NO:

HOME:

WORK:

CELL:

FAX NO:

E-MAIL ADDRESS

**1.2**

**OBJECTION IS NOT THE OWNER OR**

**MUNICIPALITY IS THE OBJECTOR**

NAME OF OBJECTOR :

IDENTITY NO :

COMPANY OR CC REG NO

POSTAL ADDRESS OF OBJECTOR:

CODE:

TELEPHONE NO:

HOME:

WORK:

CELL:

FAX NO:

E-MAIL :

STATUS OF OBJECTION (e.g. TENANT, PENDING PURCHASER, MUNICIPALITY, ETC)

NAME OF REPRESENTATIVE :

**IF REPRESENTATIVE IS APPOINTED, PROOF OF AUTHORIZATION MUST BE ATTACHED**

**COMPLETE: ERF/UNIT NO: ----- AREA/SCHEME NAME -----**

**Please complete the bottom of each page**

POSTAL ADDRESS:

TELEPHONE NO: HOME:  WORK:

CELL:  FAX NO:

E-MAIL ADDRESS

**SECTION 2: PROPERTY DETAILS (FOR SECTIONAL TITLE SEE SECTION 4)**

PHYSICAL ADDRESS OF OWNER:  CODE:

EXTANTION OF PROPERTY	<input type="text"/>	M <sup>2</sup>
-----------------------	----------------------	----------------

MUNICIPAL ACCOUNT NO.	<input type="text"/>	(If available)
-----------------------	----------------------	----------------

NAME OF BOND HOLDER	REGISTERED AMOUNT OF BOND	(if available)
<input type="text"/>	<input type="text"/>	

PROVIDE FULL DETAILS OF ALL SERVITUDES, ROADS PROCLAMATIONS OR OTHER ENDORSEMENTS AGAINST THE PROPERTY (if available)

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

SERVITUDE NO	<input type="text"/>	AFFECTED AREA	<input type="text"/>
--------------	----------------------	---------------	----------------------

IN FAVOUR OF

FOR WHAT PURPOSE

WAS COMPESATION PAID	YES	NO
----------------------	-----	----

IF YES	DATE OF PAYMENT	<input type="text"/>	AMOUNT	R
--------	-----------------	----------------------	--------	---

**SECTION 3: DESCRIPTION OF RESIDENTIAL DWELLING (FOR SECTIONAL TITLES SEE SECTION 4)**

(INDICATE NUMBER OF STATE YES/NO IN APPROPRIATE BOX)

**MAIN DWELLING**

NO OF BEDROOMS	<input type="text"/>	NO OF BATHROOMS	<input type="text"/>	KITCHEN	<input type="text"/>	LOUNGE	<input type="text"/>
DINING ROOM	<input type="text"/>	LOUNGE WITH DINING ROOM	<input type="text"/>	STUDY	<input type="text"/>	PLAYROOM	<input type="text"/>
TELEVISION	<input type="text"/>	LAUNDRY	<input type="text"/>	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	
GRANNY FLAT/ROOM	
OTHER	

SIZE OF MAIN DWELLING		M <sup>2</sup>
SIZE OF CUT BUILDING		M <sup>2</sup>
SIZE OF OTHER BUILDING		M <sup>2</sup>
TOTAL BUILDING SIZE		M <sup>2</sup>

IF A REPRESENTATIVE IS APPOINTED, PROOF OF AUTHORIZATION MUST BE ATTACHED

Complete: ERF/unit no:----- Area/scheme name:-----

**PLEASE COMPLETE THE BOTTOM OF EACH PAGE**

OTHER BUILDING (ATTACH ANNEXURE)

OTHER:

SWIMMING POOL		TENNIS COURT			
BORE HOLE		GARDEN	GOOD	AVERAGE	POOR
OTHER		OTHER			

FENCING:

	FRONT	BACK	SIDE 1	SIDE 2
TYPE				
HEIGHT				

DRIVE WAY(e.g. Briks,pavers)

IS YOUR PROPERTY SITUATED IN BOOMED AREA OR SECURITY

Y	N
---	---

OTHER FEATURES: -----

GENERAL CONDITION OF PROPERTY: TICK

GOOD		AVERAGE		POOR	
------	--	---------	--	------	--

**SECTION 4: SECTINAL TITLE UNITS**

SCHEME NO		NAME OF SCHEME		FLAT NO. DOOR NO.		UNIT SIZE	M <sup>2</sup>
-----------	--	----------------	--	-------------------	--	-----------	----------------

NAME OF MANAGING AGENT		TEL NO.	
------------------------	--	---------	--

INDICATE NUMBER OR STATE YES/NO IN APPROPRIATE BOX

NO OF BEDROOMS		NO OF BATHROOMS		KITCHEN		LOUNGE	
DINING ROOMS		LOUNGEM 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	
SWIMMING POOL	
TENNIS COURT	
OTHER	
OTHER	
OTHER	

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>

IF A REPRESENTATIVE IS APPOINTED, PROOF OF AUTHORIZATION MUST BE ATTACHED

Complete: ERF/unit no:----- AREA/SCHEME NAME-----

PLEASE COMPLETE THE BOTTOM OF EACH PAGE

**SECTION 5: MARKET INFORMATION**

IF YOUR PROPERTY IS CURRENTLY ON THE MARKET IS THE ASKING PRICE?

R	
---	--

OFFER RECEIVED	R	
----------------	---	--

NAME OF AGENT

IF YOUR PROPERTY HAS BEEN ON THE MARKET IN THE LAST 3 WHAT WAS THE ASKING PRICE?

R	
---	--

OFFER RECEIVED	R	
----------------	---	--

TEL NO:

SALE TRANSACTIONS (OF OTHER PROPERTIES IN THE VICINITY) USED BY THE OBJECTOR IN DETERMINATION THE MARKET VALUE PROPERTY OBJECTED TO

ERF/UNIT NO	SUBURB/SCHEME NAME	DATE OF SALE	SELLING PRICE

SECTION 6: OBJECTION DETAILS	PARTICULARS AS REFLECTED IN THE VALUATION ROOL	CHANGES REQUESTED BY OBJECTOR
DESCRIPTION OF PROPERTY/UNIT NO.		
CATEGORY		
PHYSICAL ADDRESS/DOOR NO/FLAT NO		
EXTENT		
MARKET VALUE		
NAME OF OWNER		

ADVERSE FEATURE 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 WHERE ANY DOCUMENT, INFORMATION OR PARTICULARS WERE NOT PROVIDED WHEN REQUESTED IN TERMS OF SBSECTION 42(1) OF THE ACT AND THE OWNER CONCERNED RELIES ON SUCH DOCUMENT, INFORMATION OR PARTICULARS IN AN APPEAL BOARD, THE APPEAL BOARD MAY MAKE AN ORDER AS TO CONSISTS IN TERMS OF SECTION 70 OF THE ACT APPEAL BOARD IS OF THE VIEW THAT THE FAILURES TO SO PROVIDED ANY SUCH DOCUMENT, INFORMATION OR PARTICULARS HAS PLACED AN UNNECESSARY BURDEN ON THE FUNCTIONS OF THE MUNICIPALITY VALUER OR THE APPEAL BORD.

I/WE \_\_\_\_\_ HEREBY DECLARE THAT THE INFORMATION AND PARTICULARS SUPPLIED ARE TRUE AND CORRECT.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

OFFICAILS

SECTIONS 8: DECISION OF THE MUNICIPAL VALUER

DESCRIPTION OF PROPERTY/UNIT NO	
CATEGORY	
PHYSICAL ADDRESS/DOOR NO/FLAT NO	
EXTENT	
MARKET VALUE	
NAME OF OWNER	

IF A REPRESENTATIVE IS APPOINTED, PROOF OF AUTHORIZATION MUST BE ATTACHED

COMPLETE: ERF/UNIT NO.----- AREA/SCHEME NAME-----

PLEASE COMPLETE THE BOTTOM OF EACH PAGE

REASONS OF THE MUNICIPAL VALUER

---



---



---

NAME OF MUNICIPAL VALUER/ASSISTANT MUNICIPAL VALUER \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SECTION 9: NOTIFICATION OF OUTCOME

VALUATION ROLL ADJUSTED  
OBJECTION NOTIFIED  
OWNER NOTIFIED

signature	date

SECTION 52(1) WHERE APPLICABLE

COMPLETE: ERF/UNIT NO. \_\_\_\_\_ AREA/SCHEME NAME \_\_\_\_\_

**PLEASE COMPLETE THE BOTTOM OF EACH PAGE**