

OBJECTION NO:

THE MUNICIPAL MANAGER  
DIPALESENG LOCAL MUNICIPALITY

LODGING OF AN OBJECTION AGAINST A MATTER REFLECTED IN OR OMITTED FROM THE VALUATION ROLL FOR THE PERIOD  
1 JULY 2019 UNTIL 30 JUNE 2024

(Complete a separate form for each entry objected to)

Erf / Unit No  Suburb / Scheme Name

**SECTION 1: OBJECTOR INFORMATION**

**1.1 OBJECTOR IS THE OWNER**

Registered Owner of Property:		<input type="text"/>	
Identity No:	<input type="text"/>	Company or C.C. Registration	<input type="text"/>
Physical Address of Owner	<input type="text"/>		Code <input type="text"/>
Postal Address of Owner	<input type="text"/>		Code <input type="text"/>
Telephone No: Home	<input type="text"/> ( )	Work	<input type="text"/> ( )
Cell No:	<input type="text"/>	Fax No:	<input type="text"/> ( )
E-mail Address	<input type="text"/>		

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

Name of Objector		<input type="text"/>	
Identity No:	<input type="text"/>	Company or C.C. Registration	<input type="text"/>
Postal Address of Objector	<input type="text"/>		Code <input type="text"/>
Telephone No: Home	<input type="text"/> ( )	Work	<input type="text"/> ( )
Cell No:	<input type="text"/>	Fax No:	<input type="text"/> ( )
E-mail Address	<input type="text"/>		

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

**1.3 AUTHORIZED REPRESENTATIVE OF THE OBJECTOR**

Name of Representative		<input type="text"/>	
Postal Address of Owner	<input type="text"/>		Code <input type="text"/>
Telephone No: Home	<input type="text"/> ( )	Work	<input type="text"/> ( )
Cell No:	<input type="text"/>	Fax No:	<input type="text"/> ( )
E-mail Address	<input type="text"/>		

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

Physical Address  Code

Extent of Property  m<sup>2</sup>

Municipal Account Number

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	m <sup>2</sup>
In Favour Of			
For What Purpose			

Was Compensation Paid:	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
If Yes, Date of Payment	<input type="text"/>		Amount: R <input type="text"/>

**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 Dwelling	m <sup>2</sup>
Granny Flat/Rooms		Size of Outbuilding	m <sup>2</sup>
Other		Size of Other Buildings	m <sup>2</sup>
<b>OTHER OUTBUILDINGS (ATTACH ANNEXURE)</b>		Total Building Size	m <sup>2</sup>

**OTHER**

Swimming Pool		Tennis Courts	
Bore Hole		Garden	Good Average Poor
Other		Other	

**FENCING**

	Front	Back	Side 1	Side 2
Type				
Height				

DRIVE WAY (e.g. Bricks, Pavers etc)

(Tick)

<input type="checkbox"/>	Is your property situated in a boomed or security area	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>

OTHER FEATURES: \_\_\_\_\_

GENERAL CONDITION OF PROPERTY

(Tick)

GOOD	AVERAGE	POOR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

PLEASE COMPLETE THE BOTTOM OF EACH PAGE

**SECTION 4: SECTIONAL 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 Room		Lounge with Dining Room		Study		Playroom	
Television Room		Laundry		Separate Toilet			
Other				Other			
Other				Other			

Monthly Levy	R <input type="text"/>		Detail of Exclusive use Areas	
COMMON PROPERTY CONSISTS OF:			Garage	m <sup>2</sup>
Swimming Pool			Carport	m <sup>2</sup>
Tennis Court			Open Parking	m <sup>2</sup>
Other			Store Room	m <sup>2</sup>
Other			Garden	m <sup>2</sup>
Other			Other	m <sup>2</sup>

**SECTION 5: MARKET INFORMATION:**

If your property is currently on the market what is the asking price?

R

Offer Received:

R

If your property has been on the market in the last 3 years what was the asking price?

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		

ADVERSE FEATURES AND / OR FURTHER REASONS IN SUPPORT OF THIS OBJECTION (ANNEXURES CAN BE PROVIDED):

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

PLEASE COMPLETE THE BOTTOM OF EACH PAGE

**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.

SIGNED ON THE \_\_\_\_\_ . SIGNATURE: \_\_\_\_\_

**OFFICIAL USE**

**SECTION 8: DECISION OF THE 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:**

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Name of Municipal Valuer / Assistant Municipal Valuer\* : \_\_\_\_\_ Date: \_\_\_\_\_

*\*Delete whichever is not Applicable*

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

**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