

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

UMUZIWABANTU MUNICIPALITY

Enquiries: The Debtors Department

Tel : 039 433 3550

Office of the Chief Financial Officer

THE MUNICIPAL MANAGER

OBJECTION NO. _____

UMUZIWABANTU MUNICIPALITY : LODGING OF AN OBJECTION AGAINST A MATTER REFLECTED IN OR OMITTED FROM THE VALUATION ROLL FOR THE

PERIOD 1 JULY 2022 TO 30 JUNE 2027

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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PLEASE COMPLETE THE BOTTOM OF EACH PAGE

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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 _____ SEPARATE TOILET _____

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 _____

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

OFFER RECEIVED R _____

OFFER RECEIVED R _____

NAME OF AGENT _____

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 _____

