

UBUHLEBEZWE MUNICIPALITY

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Office of the Chief Financial Officer

FORM C: AGRICULTURAL HOLDINGS OR FARMS

THE MUNICIPAL MANAGER

OBJECTION NO. _____

uMngeni Municipality LODGING OF AN OBJECTION AGAINST A MATTER REFLECTED IN OR OMITTED FROM THE VALUATION ROLL FOR THE PERIOD 1 JULY 2007 TO 30 JUNE 2011

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

HOLDING/PORITION NO. _____ AGRICULTURAL
HOLDING/FARM _____

SECTION 1: OBJECTOR INFORMATION

FARM NO. _____ REG DIV. _____

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 _____

POSTAL ADDRESS: _____ CODE _____

TELEPHONE NO. HOME: (_____) _____ WORK: (_____) _____

CELL: _____ FAX NO.: (_____) _____

E-MAIL ADDRESS: _____

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

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

PLEASE COMPLETE THE BOTTOM OF EACH PAGE

FORM C: AGRICULTURAL HOLDINGS OR FARMS

SECTION 2: PROPERTY DETAILS

(FOR SECTIONAL TITLES SEE SECTION 4)

PHYSICAL ADDRESS:

(IF AVAILABLE) _____ CODE: _____

EXTENT OF PROPERTY

_____ m²

MUNICIPAL ACCOUNT NO.

_____ (If available)

NAME OF BOND HOLDER

REGISTERED AMOUNT OF BOND

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 BUILDINGS

3.1. MAIN DWELLING ON FARM/HOLDING
(INDICATE NUMBER OF 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 _____ SIZE OF MAIN DWELLING _____ m²

3.2. OTHER BUILDINGS – ATTACH AS ANNEXURE A

BUILDING NO. DESCRIPTION SIZE m² IS THE BUILDING FUNCTIONAL

3.3. IS ANY PORTION OF THE PROPERTY USED FOR ANY PURPOSE OTHER THAN AGRICULTURAL?

(e.g. Business, mining, eco-tourism, trading in or hunting of game)

Tick (✓)

YES NO

IF YES – DESCRIBE THE USE(S) _____

IF NECESSARY PROVIDE ANNEXURE B

HOLDING/PORION NO.	AGRICULTURAL HOLDING/FARM	DATE OF SALE	SELLING PRICE
_____	_____	_____	_____

HOLDING/PORION NO.	AGRICULTURAL HOLDING/FARM	DATE OF SALE	SELLING PRICE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 5: OBJECTION DETAILS

DESCRIPTION OF THE PROPERTY	PARTICULARS AS REFLECTED IN VALUATION ROLL	CHANGES REQUESTED BY OBJECTOR
CATEGORY	_____	_____
PHYSICAL ADDRESS	_____	_____
EXTENT	_____	_____
MARKET VALUE	_____	_____
NAME OF OWNER	_____	

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

Complete/Portion/Holding No. _____ Farm/Holding _____

PLEASE COMPLETE THE BOTTOM OF EACH PAGE

**FORM C: AGRICULTURAL HOLDINGS OR FARMS
SECTION 6: DECLARATION**

ATTENTION IS 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 DOCUMENTS INFORMATION OR PARTICULARS HAS PLACED AN UNNECESSARY BURDEN ON THE FUNCTION OF THE MUNICIPAL VALUER OR THE APPEAL BOARD.

I/WE _____ HEREBY DECLARE THAT THE INFORMATION AND PARTICULARS ARE TRUE AND CORRECT.

DATE YEAR MONTH DAY SIGNATURE: _____

OFFICIAL USE

SECTION 7: DECISION OF MUNICIPAL VALUER

DESCRIPTION OF PROPERTY _____
 CATEGORY _____
 PHYSICAL ADDRESS _____
 MARKET VALUE _____
 NAME OF OWNER _____

REASONS OF THE MUNICIPAL VALUER

NAME OF MUNICIPAL VALUER/ ASSISTANT MUNICIPAL VALUER* YEAR MONTH DAY
 *Delete whichever is not applicable DATE _____
 SIGNATURE _____

SECTION 8: NOTIFICATION OF OUTCOME SIGNATURE DATE
 VALUATION ROLL ADJUSTED _____
 OBJECTOR NOTIFIED _____
 OWNER NOTIFIED _____
 SECTION 52(1)(a) _____
 WHERE APPLICABLE

Complete Portion/Holding No. _____ Farm/Holding _____

PLEASE COMPLETE THE BOTTOM OF EACH PAGE