

UBUHLEBEZWE MUNICIPALITY

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Office of the Chief Financial Officer

FORM B: PROPERTIES OTHER THAN RESIDENTIAL OR AGRICULTURAL (E.G. BUSINESSES, FACTORIES, OFFICES, SCHOOLS)

THE MUNICIPAL MANAGER

OBJECTION NO. _____

..... 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)

ERF/UNIT NO. _____ SUBURB
FARM/SCHEME - _____

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 A: PROPERTIES OTHER THAN RESIDENTIAL OR AGRICULTURAL (E.G. BUSINESSES, FACTORIES, OFFICES, SCHOOLS)

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

PHYSICAL ADDRESS: _____ CODE: _____

OF _____ m²

ACCOUNT _____ (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 (FOR SECTIONAL TITLES COMPLETE SECTION 4)
(INFORMATION UNDER 3.1. TO 3.4. TO BE SUPPLIED BY MEANS OF ANNEXURES AS FOLLOWS)

3.1. TENANT AND RENT INFORMATION – ANNEXURE A
NAME OF TENANT SIZE RENTAL (EXCL. VAT) ESCALATION OTHER TERM OF LEASE START DATE
OF RENTAL CONTRIBUTION

3.2. SCHEDULE OF EXPENSES INCLUDING: MUNICIPAL, ADMINISTRATION, INSURANCES, SECURITY etc. – ANNEXURE B

3.3. STATEMENT OF INCOME & EXPENDITURE FOR PREVIOUS FINANCIAL YEAR – ANNEXURE C

3.4. BUILDING SIZES – ANNEXURE D

BUILDING NO. SIZE m² DESCRIPTION e.g. used as a shop
office etc. CONDITION

3.5. IF THE PROPERTY HAS NOT BEEN DEVELOPED TO ITS HIGHEST AND BEST USE, INDICATE THE EXTENT OF LAND
THAT IS AVAILABLE FOR FURTHER DEVELOPMENT

OTHER FEATURES OF BUILDINGS: (PROVIDE ANNEXURE E IF NECESSARY) _____ m²

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

PLEASE COMPLETE THE BOTTOM OF EACH PAGE

FORM B: PROPERTIES OTHER THAN RESIDENTIAL OR AGRICULTURAL (e.g. businesses, factories, offices, schools)
SECTION 4: SECTIONAL TITLE UNITS

FLATS NO./

SCHEME NO. _____ NAME OF SCHEME _____ DOOR NO. _____ UNIT SIZE _____ m²
 NAME OF MANAGING AGENT _____ TEL. NO. (____) _____

SHOPS _____ m² OTHER _____ m²

OFFICES _____ m² OTHER _____ m²

FACTORIES _____ m² OTHER _____ m²

TENANT AND RENT INFORMATION – ANNEXURE A

NAME OF TENANT _____ SIZE RENTAL (EXCL. VAT) _____ ESCALATION _____ OTHER CONTRIBUTION _____ TERM OF LEASE _____ START DATE _____

MONTHLY LEVY _____ R _____

COMMON PROPERTY CONSISTS OF _____

SWIMMING POOL _____

TENNIS COURT _____

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?

RECEIVED R _____
 R _____

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

RECEIVED R _____
 R _____

NAME OF AGENT _____

TEL. NO. (____) _____

SALES TRANSACTIONS USED BY THE OBJECTOR IN DETERMINING THE MARKET VALUE OF THE PROPERTY OBJECTED TO
 (IF INSUFFICIENT SPACE PROVIDE ANNEXURE F)

ERF/PTN/UNIT NO.	SUBURB/FARM/SCHEME NAME	DATE OF SALE	SELLING PRICE
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 6: OBJECTION DETAILS

DESCRIPTION OF PROPERTY/UNIT NO.	PARTICULARS AS REFLECTED IN VALUATION ROLL	CHANGES REQUESTED BY OBJECTOR
CATEGORY _____	_____	_____
PHYSICAL ADDRESS/DOOR NO./FLAT NO. _____	_____	_____
EXTENT _____	_____	_____
MARKET VALUE _____	_____	_____
NAME OF OWNER _____	_____	_____

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

Complete Erf/Unit No. Area/Scheme Name

PLEASE COMPLETE THE BOTTOM OF EACH PAGE

FORM B: PROPERTIES OTHER THAN RESIDENTIAL OR AGRICULTURAL (e.g. businesses, factories, offices, schools)

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.

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

8.1. REASONS OF THE MUNICIPAL VALUER

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

SECTION 9: NOTIFICATION OF OUTCOME

VALUATION ROLL ADJUSTED	SIGNATURE	DATE
_____	_____	_____
OBJECTOR NOTIFIED	_____	_____
OWNER NOTIFIED	_____	_____
SECTION 52(1)(a)	_____	_____
WHERE APPLICABLE	_____	_____

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

PLEASE COMPLETE THE BOTTOM OF EACH PAGE