

#### GOVERNMENT NOTICE

#### DEPARTMENT OF PROVINCIAL AND LOCAL GOVERNMENT

No. R. 1036

18 October 2006

LOCAL GOVERNMENT: MUNICIPAL PROPERTY RATES ACT, 2004 (ACT NO. 6 OF 2004): THE MUNICIPAL PROPERTY RATES REGULATIONS,2006

Under section 83 of the Local Government: Municipal Property Rates Act, **2004** (Act No.6 of 2004), I, Fholisani Sydney Mufamadi, hereby **make** the regulations in the Schedule.

F.S. MUFAMADI MINISTER FOR PROVINCIAL AND LOCAL GOVERNMENT





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#### INTERPRETATION

#### Definitions

 In these regulations, a word or expression to which a meaning has been assigned in the Act, has that meaning, and unless the context indicates otherwise, -

"Act"means the Local Government: Municipal Property Rates Act, 2004 (Act No. 6 of 2004);

"appellant" means any person who has lodged an objection in terms of section 54 (1) **d** the Act;

"concerned parties" means the municipal valuer, the relevant municipality, the owner **cf** the property if he or she is not the appellant, and any objector to a valuation roll regarding the property in question; "mayor"

(a) in relation to a municipality with an executive mayor means a councillor elected as an executive mayor in terms of section 55 of the Local Government: Municipal Structures Act,1998 (Act No.117 & 1998);

(b) in relation to a municipality with an executive committee means a councillor elected as a mayor of a municipality in terms of section 48 of the Local Government: Municipal Structures Act, 1998 (Act No. 117 of 1998);

"**record**"means the written decision of the valuation appeal board; and "**special valuer**" means a person designated as **a** special valuer in terms **c** section 43(5) of the Act.



**CHAPTER 2** 

# THE FORMAT OF A VALUATION ROLL AND SUPPLEMENTARY VALUATION ROLL

#### Format of the valuation roll and supplementary valuation roll

2 (1) A municipal valuer must use the format contained in Annexure 1 in compiling the valuation roll or supplementary valuation roll.

(2) A sectional title scheme must appear at the end of a valuation roll or

supplementary valuation roll in alphabetical order according to scheme name.

(3)The minimum information that must be at the last page of the valuation roll or supplementary valuation roll must be in the format as contained in Annexure 2.

#### **CHAPTER 3**

# SUBMISSION OF A VALUATION ROLL AND SUPPLEMENTARY VALUATION ROLL TO THE MUNICIPAL MANAGER.

#### Period of submission of valuation roll or supplementary valuation roll

**3.** (1) The period for the submission of the valuation roll as contemplated in section 34(d) of the Act is five months before the effective date of such **a** valuation roll.

(2) The period for the submission of the supplementary valuation roll as contemplated in section 78(2) is three months before the effective date of such supplementary valuation roll.

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## THE CONTENT AND FORMAT OF A PUBLIC NOTICE CALLING FOR INSPECTION OF A VALUATION ROLL AND SUPPLEMENTARY VALUATION ROLL AND LODGING OF OBJECTIONS

# A public notice calling for inspection of the valuation roll or supplementary valuation roll and lodging of objections

**4.** (1) A notice contemplated in section **49** read together with section **78**(2) of the Act must include at least the following minimum information:

(a) name of a municipality;

(b) location where the valuation roll or supplementary valuation roll may be inspected;

(c) duration for inspection of the valuation roll or supplementary valuation roll and lodging of objections;

(d) location where objection forms can be obtained from and submitted to after completion;

(e) full names of the municipal manager; and

(f) contact details for making enquiries.

(2) A notice contemplated in sub regulation (1) nust be in the format as contained in Annexure 3.





#### CHAPTER 5

THE CONTENT AND FORMAT **OF** THE FORM FOR LODGING AN **OBJECTION(S)** REGARDING MATTERS PERTAINING TO A SPECIFIC PROPERTY IN RESPECT OF A VALUATION ROLL OR SUPPLEMENTARY VALUATION ROLL

The manner **d** lodging an objection

5. (I) The manner of lodging an objection must be in the format as contained in Annexure 4.

#### CHAPTER 6

THE CONTENT AND FORMAT OF THE FORM FOR LODGING AN APPEAL TO THE VALUATION APPEAL BOARD AGAINST THE DECISION OF A MUNICIPAL VALUER REGARDING MATTERS PERTAINING TO A SPECIFIC PROPERTY IN RESPECT OF A VALUATION ROLL OR SUPPLEMENTARY VALUATION ROLL

The manner **d** lodging an appeal

6. (I) The manner of lodging an appeal to the valuation appeal board against the decision of a municipal valuer regarding matters pertaining to a specific property in the valuation roll or supplementary valuation roll of a municipality must be in accordance with the format as contained in Annexure 5.

(2) A municipal manager must assist the Appellant with the lodging of the appeal if the Appellant is unable to read or write.

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## NORMS AND STANDARDS FOR THE APPOINTMENT OF MEMBERS OF VALUATION APPEAL BOARDS AND COMMITTEE MEMBERS OF VALUATION APPEAL BOARDS

## Norms and standards for the appointment of members of valuation appeal boards and their committees

7. (IP) MEC for local government in a province must, before he or she appoints members of a valuation appeal board consult with the relevant mayors of those municipalities for the area or areas of jurisdiction in which the valuation board is to be established, on the proposed appointment of members of a valuation appeal board.

(2) The valuation appeal board, after obtaining authorisation from the MEC for local government in a province to establish a valuation appeal board committee, must consult with the relevant mayors of those municipalities in which the appeal boards have been established, on the proposed appointment of the members of the committee.

(3) (a) Members of valuation appeal boards should as far as possible be appointed from within the jurisdiction of the municipalities which the valuation appeal board will serve and if this is not possible, from within the jurisdiction of
 neighbouring municipalities even if one municipality falls within the jurisdiction of another province.

(b) In appointing members of the valuation appeal board who do not reside within the jurisdiction of the municipality where the appeal board is established, due care should be given to distances members will travel to and from their homes to hear appeal cases.

(c) Prior appointing a member who does not reside within the jurisdiction of a municipality where the appeal board is established, an MEC must provide the mayor of the affected municipality or municipalities with a full written motivation. Each such mayor shall have 30 days within which to make any





comment and the MEC shall take all such comments into account in making final appointments.

(4) Sub regulations (3)(a), (b) and (c) similarly apply to the appointment of members of a committee of valuation appeal boards by valuation appeal boards as envisaged in section 71 of the Act. In this context the word 'MEC' must be replaced with the word 'chairperson of a valuation appeal board'.

#### **CHAPTER 8**

## INTERNAL PROCEDURES OF THE VALUATION APPEAL BOARD TO DISPOSE OF APPEALS AND REVIEWS

The internal procedures a valuation appeal board must follow to dispose of appeals and reviews are as follows:

**8.** (1) The chairperson of the valuation appeal board must convene a hearing within 60 days *of* receipt *of* an appeal.

(2) The chairperson of a valuation appeal board must at least **21** days prior the hearing of the matter inform all concerned parties, members of the appeal board including the Appellant in writing of the date and venue of such hearing of the appeal.

(3) The proceedings of the valuation appeal board meetings must be recorded and the records must be kept safe in terms of the applicable archive prescripts in the offices of the municipality whose valuation roll or supplementary valuation roll is under consideration by the valuation appeal board.

(4) The municipal manager is responsible for the safe keeping of the records referred to in subregulation (3).

(5) Each appellant and all concerned parties shall within 30 days from the last day of hearing of the appeal, be advised in writing of the valuation appeal board's decision on the appeal, by the valuation appeal board.

(6) The chairperson of the valuation appeal board must give reasons for

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the decision taken by the valuation appeal board within 30 days of such request at no cost to the Appellant or any concerned party.

#### **CHAPTER 9**

INTEREST TO BE CHARGED ON THE AMOUNT DUE FOR RATES PAYABLEBYORTOBEREFUNDEDTOTHERATEPAYERASARESULT OF ADJUSTMENTS OR ADDITIONS TO THE VALUATION ROLL OR SUPPLEMENTARY VALUATION ROLL

#### Interest rate to be applied

9. (D) he interest rate referred to in section 55(2)(b) of the Act is prime rate levied by the bank at which the primary account of the municipality in question is kept, plus 1%, as at the date of calculation by the municipal manager in terms of the Act

(2) The municipal manager must use simple interest and must determine the monthly interest rate by dividing the prime rate plus 1% by 12 to get the monthly interest rate to be applied to the amount due for rates payable by or to be refunded to the ratepayer.

#### CHAPTER 10

THE DECLARATION BY MUNICIPAL VALUER OR ASSISTANT MUNICIPAL VALUER OR SPECIAL VALUER OR A MEMBER OF A VALUATION APPEAL BOARD OR ITS COMMITTEE BEFORE THE COMMISSIONER OF OATHS REGARDING PERFORMANCE OF OFFICE

#### Timeframe for submission of the declaration and format of the declaration

10 (The declaration as envisaged in section 40 read together with section 43(5) of the Act by a municipal valuer or an assistant municipal valuer or special valuer must be in the format set out in Annexure 6.

(2)The declaration referred to in subregulation (1) must be lodged with the municipal manager within 30 days of designation, but before assumption of duty.

(3) The declaration by a member of a valuation appeal board must be lodged with the office of the MEC for local government within 30 days of appointment, but before assumption of duty.

(4) The declaration by a member of committee of a valuation appeal board must be lodged with the chairperson of the valuation appeal board within 30 days of appointment, but before assumption of duty.

(5) The declarations referred to in subregulation (3) and (4) must be in the format set out in Annexure 7.

(6) The declarations referred to in sub regulations (1) and (5) must contain at least the following minimum information: -

(a) full names of a municipal valuer or member of valuation appeal board or its Committee whichever is applicable;

(b) identity number of a municipal valuer or member of valuation

appeal board or its Committee whichever is applicable;

(c) name of municipality or valuation appeal board whichever is applicable;

(d) period of validity of authorisation;

(e) signature of municipal valuer or member of valuation appeal board

or its Committee whichever is applicable and date;

(f) Commissioner of Oaths (full names); and

(g) signature of Commissioner of Oaths and date.

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### CONTENT AND FORMAT OF THE IDENTITY CARD FOR ENTERING INTO PROPERTIES AND INSPECTION THEREOF

#### **Identity card**

**11.** (1) An identity card contemplated in section 41(2) of the Act must be in the format contained in Annexure **8**.

(2) An identity card contemplated in section 72(3) of the Act must be in the format contained in Annexure 9.

#### Short title

**12.** These regulations are called the Municipal Property Rates Regulations,

2006.





#### Format cf the valuation roll and supplementary valuation roll

NAME OF MUNICIPALITY

Page number

Valuation roll/Supplementary valuation roll\* for the period\_\_\_\_\_

to \_\_\_\_\_\_ for the \_\_\_\_\_\_ Municipality.

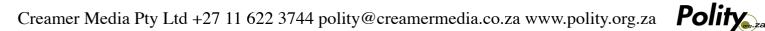
\* Delete whichever is not applicable.

Name of Geographical Area:

| Particulars   | s in <b>respec</b> t of | each <b>prope</b>   |   | _                            |   |  |
|---|-------------------------|---|---|------------------------------|---|--|
| а   | b                       | С   | d   | е                            | f   | g                                      |
| Registered<br>or other<br>description<br>of the<br>property | Full names of<br>owner  | Category<br>determined<br>in terms of<br>section 8 of<br>the Act in<br>which the<br>property<br>falls | Physical<br>address<br>of the<br>property | Extent of<br>the<br>property | Market<br>value of<br>the<br>property<br><u>if the</u><br><u>property</u><br><u>was</u><br>valued | Any other<br>prescribed<br>particulars |

Name of Sectional Title Scheme: \_\_\_\_\_ Scheme No \_\_\_\_\_

| а  | b                      | С   | d                         | е                     | f   | g                                      |
|--|------------------------|---|---------------------------|-----------------------|---|--|
| Registered<br>or other<br>description<br>of the unit | Full names of<br>owner | Category<br>determined<br>in terms of<br>section 8 of<br>the Act in<br>which the<br>property<br>falls | Flat or<br>door<br>number | Extent of<br>the unit | Market<br>value of the<br>property <u>if</u><br><u>the</u><br><u>property</u><br>was valued | Any other<br>prescribed<br>particulars |







The following minimum information must be on the last page of the valuation roll and supplementary valuation roll:

### CERTIFICATION BY MUNICIPAL VALUER AS CONTEMPLATED IN SECTION 34(c) OF THE ACT

I, \_\_\_\_\_\_, Identity Number \_\_\_\_\_\_do certify that I have, in accordance with the provisions of the Local Government: Municipal Property Rates Act, 2004 (Act No.6 of 2004), hereinafter referred to as the "Act", to the best of my skills and knowledge and without fear, favour or prejudice, prepared the valuation roll/supplementary valuation roll\* for \_\_\_\_\_\_ Municipality in terms of the provisions of the Act. In the discharge of my duties as municipal valuer I have complied with sections 43 and 44 of the Act.

\* Delete whichever is not applicable.

Certified at \_\_\_\_\_\_ this-day of \_\_\_\_\_ (year)

Professional Registration Number with the South African Council for the Property Valuers Profession: \_\_\_\_\_\_ Category of Professional Registration: \_\_\_\_\_\_

Signature of Municipal Valuer





#### **ANNEXURE 3**

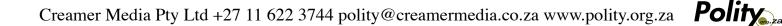
The format of the public notice calling for inspection of the valuation roll or supplementary valuation roll must be as follows:

#### NAME OF MUNICIPALITY

### PUBLIC NOTICE CALLING FOR INSPECTION OF VALUATION ROLL/SUPPLEMENTARY VALUATION ROLL AND LODGING OF OBJECTIONS\*

Notice is hereby given in terms of Section 49 (1)(a)(i) read together with section 78(2)\* of the Local Government: Municipal Property Rates Act, 2004 (Act No. 6 of 2004), hereinafter referred to as the "Act", that the valuation roll/supplementary valuation roll for the financial years/year\* \_\_\_\_\_\_\_\_ is open for public inspection at \_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_. In addition the valuation roll/supplementary valuation roll is available at website www.

An invitation is hereby made in terms of section 49(1)(a)(ii) read together with section 78(2)\* of the Act that any owner of property or other person who so desires should lodge an objection with the municipal manager in respect of any matter reflected in, or omitted from, the valuation/supplementary valuation roll\* within the above-mentioned period.





Attention is specifically drawn to the fact that in terms of section 50(2) of the Act an objection must be in relation to a specific individual property and not against the valuation roll/supplementary valuation roll\* as such. The form for the lodging of an objection is obtainable at the following address \_\_\_\_\_\_ or website \_\_\_\_\_\_ The completed forms must be returned to the following address \_\_\_\_\_\_\_

For enquiries please telephone \_\_\_\_\_\_ or email \_\_\_\_\_\_

**Municipal Manager** 

Signature

Date

\*Delete whichever is not applicable





#### **ANNEXURE 4**

The format below contains minimum information to be captured for lodging an objection(s) regarding matters pertaining to a specific property in the valuation roll or supplementary valuation roll of a municipality





|  |   |                      |                                       |                                       | OBJEC               | TION NO. |        |      |
|--|---|----------------------|---------------------------------------|---------------------------------------|---------------------|----------|--------|------|
| MUNICIPAL MANAGER  |   |                      |                                       |                                       |                     |          |        |      |
| Mi   | unicipality                                   |                      |                                       |                                       |                     |          |        |      |
| LODGING <b>OF</b> AN C   |   |                      |                                       |                                       |                     |          |        |      |
| *Delete whichever is r   |   |                      | L' FOR THE                            | EPERIOD 1.                            | JULY                | TO 30    | JUNE   |      |
| (COMPLETE A SEPA   |   |                      |                                       |                                       |                     |          |        |      |
| ERF/UNIT NO.   |   |                      |                                       | SUBURB/                               | SCHEME<br>NAME      |          |        |      |
| L  |   |                      |                                       | 1                                     |                     |          |        |      |
| ION 1: OBJECTOR INFO<br>OBJECTOR IS THE OWN  |   |                      |                                       |                                       |                     |          |        |      |
|  |   |                      | T                                     |                                       |                     |          |        |      |
| IDENTITY NO.   |   |                      |                                       |                                       | COMPAN<br>REGISTRA  |          |        |      |
| PHYSICAL ADDRESS   |   |                      |                                       |                                       |                     |          |        |      |
| OF OWNER   |   |                      |                                       |                                       |                     |          |        | CODE |
| POSTAL ADDRESS OF  |   |                      |                                       |                                       |                     |          |        |      |
| OWNER  |   |                      |                                       |                                       |                     |          |        | CODE |
| TELEPHONE NO .:  | ĥ   |                      | )                                     |                                       |                     | WORK     | )      |      |
|  | ·   |                      |                                       |                                       |                     |          |        |      |
|  |   |                      |                                       |                                       |                     | FAX NO.  | ))     |      |
| i  |   |                      |                                       |                                       |                     |          |        |      |
| E-MAIL ADDRESS   |   |                      |                                       |                                       |                     |          |        |      |
| OBJECTOR IS NOT THE  | OWNER OR M                                    | MUNICIPALIT          | Y IS THE OBJE                         | CTOR                                  |                     |          |        |      |
|  |   |                      |                                       |                                       |                     |          |        |      |
|  |   |                      |                                       |                                       |                     |          |        |      |
| NAME OF OBJECTOR:  |   |                      |                                       |                                       |                     |          |        |      |
| l<br>I   |   |                      |                                       |                                       | COMPAN              |          |        |      |
| NAME OF OBJECTOR:  |   |                      | · · · · · · · · · · · · · · · · · · · |                                       | COMPAN'<br>REGISTRA |          |        | l    |
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| IDENTITY NO.   |   | HOME (               | _)                                    |                                       |                     |          | )      | CODE |
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| IDENTITY NO.   | ł   | 40ME                 |                                       | ]                                     |                     |          | )<br>) |      |
| IDENTITY NO.   |   |                      | _}                                    |                                       |                     |          | )      | CODE |
| IDENTITY NO.   |   |                      | ))                                    | (veic)                                |                     |          |        | CODE |
| IDENTITY NO. POSTAL ADDRESS OF OBJECTOR TELEPHONE NO: CELL E-MAIL ADDRESS STATUS OF OBJECTOR   | (e.g. Tenant,                                 | Pendina <b>Purch</b> |                                       | l l l l l l l l l l l l l l l l l l l |                     |          | )<br>  |      |
| IDENTITY NO.   | (e.g. <u>Tenant,</u><br>ENTATIVE <b>OF</b>    | Pendina <b>Purch</b> |                                       | tvelc)                                |                     |          |        |      |
| IDENTITY NO. POSTAL ADDRESS OF OBJECTOR TELEPHONE NO: CELL E-MAIL ADDRESS STATUS OF OBJECTOR   | (e.g. <u>Tenant,</u><br>ENTATIVE <b>OF</b>    | Pendina <b>Purch</b> |                                       | tveic)                                |                     |          |        |      |
| IDENTITY NO.   | (e.g. <u>Tenant,</u><br>ENTATIVE <b>OF</b>    | Pendina <b>Purch</b> |                                       | tvelc)                                |                     |          |        |      |
| IDENTITY NO.   | (e.g. <u>Tenant,</u><br>ENTATIVE <b>OF</b>    | Pendina <b>Purch</b> |                                       |                                       |                     |          |        |      |
| IDENTITY NO. POSTALADDRESS OF OBJECTOR TELEPHONE NO: CELL E-MAIL ADDRESS STATUS OF OBJECTOR AUTHORISED REPRESE NAME OF REPRESENTA POSTAL ADDRESS | (e.g. Tenant,<br>:NTATIVE <b>OF</b><br>:NTVE: |                      |                                       |                                       |                     | TION NO. |        |      |
| IDENTITY NO.   | (e.g. Tenant,<br>:NTATIVE <b>OF</b><br>:NTVE: | Pendina <b>Purch</b> |                                       |                                       |                     |          |        |      |
| IDENTITY NO. POSTALADDRESS OF OBJECTOR TELEPHONE NO: CELL E-MAIL ADDRESS STATUS OF OBJECTOR AUTHORISED REPRESE NAME OF REPRESENTA POSTAL ADDRESS | (e.g. Tenant,<br>:NTATIVE <b>OF</b><br>:NTVE: |                      |                                       |                                       |                     | TION NO. |        |      |
| IDENTITY NO. POSTAL ADDRESS OF OBJECTOR TELEPHONE NO: CELL E-MAIL ADDRESS STATUS OF OBJECTOR AUTHORISED REPRESENTA POSTAL ADDRESS TELEPHONE NO:  | (e.g. Tenant,<br>:NTATIVE <b>OF</b><br>:NTVE: |                      |                                       | Ivelc)                                |                     |          |        |      |

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

| ON 2: PRC           | )PERN DE  | TAILS                             | (FOR SE                                | ECTIONAL TI            | TLES SEE  | SECTION                 | 4)          |          |          |
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| NO.                 |           |                                   |  |                        |           | (Ifavailable            | e)          |          |          |
| NAME OF             | BOND HOL  | DER                               | REGISTE                                | RED AMOUNT             | OF BOND   |                         | (Ifapplical | ole)     |          |
|                     |           |                                   | 1                                      |                        |           |                         |             |          |          |
|                     |           |                                   |  |                        |           |                         |             |          |          |
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| WAS CON<br>IF YES:- |           |                                   | YES                                    | NO                     |           | 1                       |             |          |          |
|                     |           | PAYMENT                           |  |                        |           |                         |             |          |          |
| ( INDICAT           | ENUMBER   | OF RESIDENTIAL<br>OR STATE YES/NO | INAPPROP                               | (FOR SECT<br>RIATEBOX) | IONAL III | ILES SEE 3              | SECTION 4)  |          |          |
| NO. OF BE           | DROOMS    |                                   |  | ATHROOMS               |           | KITCHEN                 |             | LOUNGE   |          |
| DINING RC           | DOM       |                                   | ROOM                                   | WITH DINING            |           | STUDY                   |             | PLAYROOM |          |
| TELEVISIC           | N ROOM    |                                   | LAUNDRY                                | ,                      |           | SEPARATE                |             |          |          |
| OTHER               |           | <u> </u>                          |  |                        |           | OTHER                   |             |          |          |
| OTHER               |           |                                   | ··· <u></u>                            |                        |           | OTHER                   |             |          |          |
| OUTBUILD            | DINGS     |                                   |  | 7                      |           | 0175 05 14              |             |          | <u> </u> |
| NO. OF GA           | RAGES     | +                                 |  | 4                      |           | SIZE OF M               |             |          | m²       |
| GRANNY F            | LAT/ROOMS | 3                                 |  | 4                      |           |                         | TBUILDING   |          | m²       |
| OTHER               |           | 1                                 |  |                        |           | SIZE OF OT<br>BUILDINGS |             |          | m²       |
| OTHER               | SWIMMING  |                                   |  |                        | IPT       |                         |             |          |          |
|                     | BORE HOL  |                                   |  | GARDEN                 |           | GOOD                    | AVERAGE     | POOR     |          |
|                     | OTHER     |                                   |  | OTHER                  |           |                         |             |          |          |
| FENCING             |           | FROM                              | IT I                                   | BAC                    | ж         | SIL                     | <br>E 1     | SIDE     | 2        |
|                     | TYPE      |                                   |  |                        |           |                         |             | 0.01     |          |
|                     | HEIGHT    |                                   |  |                        |           |                         |             |          |          |
|                     |           |                                   |  | 1                      |           |                         |             |          |          |
| OTHER FEA           |           |                                   |  | J                      |           |                         |             |          |          |
|                     | TUNES.    |                                   |  |                        |           |                         |             |          |          |
| GOOD                |           | AVERAGE                           |  | POOR                   |           |                         |             |          |          |
|                     |           |                                   |  | -                      |           |                         |             |          |          |





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

#### SECTION 4 SECTIONAL TITLE UNITS

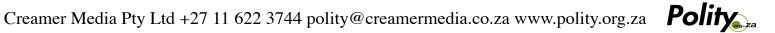
| NO. OF BEDROOMS |              | NO. OF BATHROOMS           | KITCHEN            | LOUNGE         |    |
|-----------------|--------------|----------------------------|--------------------|----------------|----|
|                 |              | LOUNGE WITH DINING<br>ROOM | STUDY              | PLAYROOM       |    |
| TELEVISION ROOM |              | LAUNDRY                    | SEPARATE<br>TOILET |                |    |
| OTHER           |              |                            | OTHER              |                |    |
| OTHER           |              |                            | OTHER              |                |    |
| MONTHLY LEVY    | R            |                            | DETAILS OF EXC     | LUSIVEUSEAREAS | 5  |
|                 | CONSISTS OF: |                            | GARAGE             |                |    |
| SWIMMING POOL   |              |                            | CARPORT            |                | m² |
| TENNIS COURT    |              |                            | OPEN<br>PARKING    |                | m² |
| OTHER           |              |                            | STORE<br>ROOM      |                | m² |
| OTHER           |              |                            | GARDEN             |                | m² |
| OTHER           |              |                            | OTHER              |                | m² |

| ERF/UNIT NO | SUBURB/SCHEME NAME | DATE OF SALE | SELLINGPRICE |
|-------------|--------------------|--------------|--------------|
|             |                    |              |              |
|             |                    |              |              |
|             |                    |              |              |
|             |                    |              |              |
|             |                    |              |              |

TEL NO.

|                                       | PARTICULARS AS REFLECTED<br>IN THE VALUATION ROLL | CHANGES REQUESTED BY OBJECTOR |
|---------------------------------------|---|-------------------------------|
| DESCRIPTIONOF THE PROPERTY/UNIT<br>NO |   |                               |
| CATEGORY                              |   |                               |
| PHYSICALADDRESS/DOOR NO/FLAT NO       |   |                               |
| EXTENT                                |   |                               |
| MARKET VALUE                          |   |                               |
| NAME OF OWNER                         |   |                               |

Complete: Erf/Unit No..... Area/Schame Name...... PLEASE COMPLETE THE BOTOM OF EACH PAGE





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

#### SECTION 7: DECLARATION

ATTENTION IS HEREBY DRAWNTO SECTION 42(2) OF THE ACT WHICH STATES THAT WHERE ANY DOCUMENT. INFORMATION OR PARTICULARS WERE NOT PROVIDED WHEN REQUIREDINTERMS 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 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 \$0 HAVE PROVIDED ANY SUCH DOCUMENT, INFORMATION OR PARTICULARS BLACED AN UNNECESSARY BURDEN ON THE FUNCTIONS OF THE MUNICIPAL VALUER OR THE APPEAL BOARD

I/WE

\_\_\_ HEREBY DECLARE THAT THE INFORMATION AND



SIGNATURE

#### OFFICIAL USE

#### SECTION 8: DECISION OF MUNICIPAL VALUER

| DESCRIPTIONOF THE PROPERTY/UNIT<br>NO. |  |
|--|--|
| CATEGORY                               |  |
| PHYSICALADDRESS/DOOR NOJFLATNO.        |  |
|  |  |
| EXTENT                                 |  |
| EXTENT<br>MARKET VALUE                 |  |

REASONS OF THE MUNICIPAL VALUER

| NAME OF MUNICIPALVALUER/ ASSISTANT                                     |  | <br>r | YEAR | MONTH | DAY |
|--|--|-------|------|-------|-----|
| MUNICIPAL VALUER'<br>*Delete whichever is not applicable<br>SIGNATURE: |  | DATE  |      |       |     |

#### SECTION9: NOTIFICATIONOF OUTCOME

| VALUATION ROLLADJUSTED |
|------------------------|
|------------------------|

**OBJECTOR NOTIFIED** 

OWNER NOTIFIED

SECTION 52(1)(a) WHERE APPLICABLE

| <br>······ |
|------------|
| <br>       |
|            |

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

PLEASE COMPLETE THE BOTOMOF EACH PAGE



| FORM B: PROPERTIES OTHER THAN RESIDENTIAL OR AGRICULTURAL (e.g bu | sinesses, factories, | omces, schools) |
|---|----------------------|-----------------|
| C   | BJECTION NO.         |                 |

THE MUNICIPAL MANAGER .....Municipality

LODGING OF AN OBJECTIONAGAINST A MATER REFLECTED IN OR OMITTED FROM THE VALUATION ROLUSUPPLEMENTARYVALUATION ROLL' FOR THE PERIOD 1 JULY ......TO 30 JUNE .....

| ERF/PORTION/UNIT<br>NO.     |                       | SUBURB                 | <u>.</u>                                     |            |       |
|-----------------------------|-----------------------|------------------------|--|------------|-------|
| N 1: OBJECTOR INFORMATIC    | N                     | FARM NO.               |  |            |       |
|                             |                       |                        |  |            |       |
|                             |                       |                        |  |            |       |
|                             |                       |                        |  |            |       |
|                             |                       |                        |  |            |       |
|                             |                       |                        |  |            |       |
|                             |                       |                        |  |            |       |
|                             |                       |                        |  |            |       |
|                             |                       |                        |  |            |       |
|                             |                       |                        |  |            |       |
|                             |                       |                        | COMPANY OR C.C.                              |            |       |
| IDENTITY NO                 |                       |                        | REGISTRATION NO.                             |            |       |
| OBJECTOR                    |                       |                        | <u>.                                    </u> |            | CODE  |
| TELEPHONE NO                | HOME                  | _)                     | WORK   | ()_        |       |
| CELL                        | ·····                 |                        | FAX NO                                       | ()         |       |
| E-MAIL ADDRESS              |                       |                        |  |            |       |
| STATUS OF OBJECTOR (e.g. Te | enant, Pending Purcha | ser, Municipality etc) |  | 1          |       |
| AUTHORISED REPRESENTATI     | VEOF THE OBJECTO      | R                      |  |            |       |
| NAME OF REPRESENTATIVE      |                       |                        |  |            |       |
| г <del></del>               |                       |                        |  |            | <br>[ |
| POSTAL ADDRESS              |                       |                        |  | J          |       |
| TELEPHONE NO.:              |                       |                        | WORK   | ()_        |       |
| CELL                        |                       |                        | FAX NO.                                      | ( <u>)</u> |       |
|                             |                       |                        |  | ľ          |       |

PLEASE COMPLETE THE BOTOM OF EACH PAGE





| ECTION 2: PROPERTY DET | AILS                | (FOR SECTIONAL T                    | itles see s   | ECTION 4)                   |          |              |
|------------------------|---------------------|-------------------------------------|---------------|-----------------------------|----------|--------------|
| ADDRESS                |                     |                                     |               |                             |          | CODE         |
| OF                     |                     | m²                                  |               |                             |          |              |
| ACCOUNT                |                     |                                     |               | (If available)              |          |              |
| NAME OF BOND HOLDE     | iR                  | REGISTERED AMOUN                    | T OF BOND     | (                           | li æble) |              |
|                        |                     | l                                   |               |                             |          |              |
|                        |                     |                                     |               | 1                           |          |              |
| SERVITUDE NO.          |                     |                                     | AFFE          | CTEDAREA                    |          | m²           |
| IN FAVOUR OF           |                     |                                     |               |                             |          |              |
| FOR WHAT PURPOSE       |                     |                                     |               |                             |          |              |
| WAS COMPENSATION       | PAID                | YES NO                              | 1             | . <u> </u>                  | D        |              |
| IF YES:-<br>DATEOFP/   | AYMENT              |                                     |               |                             | R        |              |
| ( E                    | 3.1 J 3.4 TO BE S   | RENTAL (EXCL VAT)                   | ESCALATION    |                             |          | E START DATE |
|                        |                     |                                     |               |                             |          |              |
|                        |                     |                                     |               |                             |          |              |
| BUILDING NO.           | SIZE m <sup>2</sup> | 2 DESCRIPTIONe.g use<br>office etc. | ed as a shop, | CONDITION                   |          |              |
|                        |                     | office etc.                         |               | CONDITION<br>m <sup>2</sup> |          |              |
| BUILDING NO.           |                     | office etc.                         |               |                             |          |              |
|                        |                     | office etc.                         |               |                             |          |              |
|                        |                     | office etc.                         |               |                             |          |              |
|                        |                     | office etc.                         |               |                             |          |              |
|                        |                     | office etc.                         |               |                             |          |              |

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

Complete:Erf/Unit No. ..... Area/Scheme Name...., PLEASE COMPLETE THE BOTOM OF EACH PAGE



| HOPS<br>FICES              |      |              | ា.²<br>៣²        |            |              |         |                  |             |
|----------------------------|------|--------------|------------------|------------|--------------|---------|------------------|-------------|
| AME OI<br>ENANT            |      | SIZE         | RENTAL (EXCLVAT) | ESCALATION | OTHER CONTRI |         | TERM<br>OF LEASE | STAR<br>DAT |
|                            |      |              |                  |            | DETAILS OF E | XCLUSIV | EUSEAREAS        | i           |
| WIMMING PC                 | OL   |              |                  | _          | CARPORT      |         |                  |             |
| <u>ENNIS</u> COUR<br>DTHER | Т    |              |                  | -          |              |         |                  | - m²        |
| OTHER                      |      |              |                  | !          | GARDEN       |         |                  | - m²        |
| RECEIVED                   | R    |              |                  |            | RECEIVED -   | R       |                  |             |
| ERF/PTN/UNI                | " NO | SUBURB/FAF   | RWSCHEME NAME    |            | DATE OF SA   | E       | SELLINGP         | RICE        |
|                            |      |              |                  |            |              |         |                  |             |
|                            |      |              | PARTICULARSAS    | REFLECTED  | CHANGESR     | FOUEST  | ED BY OBJEC      | TOR         |
| DESCRIPTIC                 |      | RTY/ UNIT NO | INVALUATION ROL  |            |              |         |                  |             |

|                                  | INVALUATION ROLL |  |
|----------------------------------|------------------|--|
| DESCRIPTION OF PROPERTY/ UNIT NO |                  |  |
| CATEGORY                         |                  |  |
| PHYSICALADDRESS/DOOR NO/FLAT NO  |                  |  |
| EXTENT                           |                  |  |
| MARKET VALUE                     |                  |  |
| NAME OF OWNER                    |                  |  |

Complete: Erf/Unit No..... Area/Scheme Name..... PLEASECOMPLETETHE BOTOMOR EACH PAGE



|       | A B: PROPERTIES OTHER THAN RESID<br>ION7: DECLARATION<br>ATTENTION IS HEREBY DRAWN TO SECTIO<br>OR PARTICULARS WERE NOT PROVIDEDW<br>CONCERNED RELIESON SUCH DOCUMENT<br>APPEAL BOARD MAY MAKE AN ORDERAS T<br>VEW THAT THE FAILURE TO SO HAVE PRO'<br>UNNECESSARY BURDEN ON THE FUNCTION | N42(2) OF THE AC<br>HEN REQUIRED IN<br>INFORMATION OF<br>O COSTS INTERM<br>IDED ANY SUCH | T WHICH STATES<br>NTERMS OF SUB<br>R PARTICULARS<br>IS OF SECTION 70<br>DOCUMENT. INFO | S THAT WHERE<br>SECTION <b>42(1)</b><br>IN AN APPEAL<br>0 OF THE ACT I<br>DRMATIONOR | EANY DOCUMENT, INFORMATION<br>OF THE ACT AND THE OWNER<br>TO AN APPEAL BOARD, THE<br>IF THE APPEAL BOARD IS OF THE<br>PARTICULARS HAS PLACEDAN |                  |
|-------|---|--|--|--|--|------------------|
|       | I / WE  | DAY  | HEREBY DECLA   | _  | INFORMATIONAND PARTICULARS   |                  |
| OFFIC |   |  |  |  |  |                  |
|       | ION8: DECISIONOF MUNICIPAL VALUER   |  |  |  |  |                  |
|       | DESCRIPTIONOF THE PROPERTY/UNIT<br>NO.  |  |  | ]  |  |                  |
|       | CATEGORY  |  |  |  |  |                  |
|       | PHYSICALADDRESS/DOOR NO./FLAT NO.   |  |  | 1  |  |                  |
|       | EXTENT  |  |  | 1  |  |                  |
|       | MARKET VALUE  |  |  | 1  |  |                  |
|       | NAME OF OWNER   |  |  | 1  |  |                  |
|       |   |  |  | ]  | YEAR MONTH DAY   | -<br>-<br>-<br>- |
|       | MUNICIPAL VALUER'<br>• <b>Delete whichever is not applicable</b><br>SIGNATURE:  |  |  |  | DATE   | ļ                |
| SECT  | ION 9: NOTIFICATIONOF OUTCOME   |  |  |  |  |                  |
|       | VALUATION ROLL ADJUSTED   | SIGNATURE  | D  | ATE  |  |                  |
|       | OBJECTOR NOTIFIED<br>OWNER NOTIFIED   |  | <u> </u>   | <br>   |  |                  |
|       | SECTION52(1)(a)<br>WHERE APPLICABLE   |  |  |  |  |                  |
|       | Complete:Erf/Unit NoArea/Scher  | ne Name<br>PLEASE COMPLE   |  |  |  |                  |





| MUNICIPAL MANAGER  |                                    | OBJECTION NO.                                    |
|--|------------------------------------|--|
| Municipality   |                                    |  |
|  |                                    | DIN OR OMITTED FROM THE VALUATION JULYTO 30 JUNE |
| DESCRIPTION OF PROPERTY IN RE                            | SPECT OF WHICH THE OBJECT          | ION <b>IS</b> MADE                               |
| COMPLETE A SEPARATE FORM FO                              |                                    | )<br>  |
| TION 1: OBJECTOR INFORMATION<br>OBJECTOR IS THE OWNER    | FARMNO.                            | REG. DIV   |
| REGISTERED OWNER OF PROPERTY                             |                                    |  |
|  |                                    | COMPANY OR C.C.<br>REGISTRATIONNO                |
|  |                                    |  |
|  |                                    |  |
|  |                                    |  |
|  |                                    | CODE   |
|  |                                    | · · · · ·  |
| I  |                                    |  |
| TELEPHONE NO .:  |                                    | WORK   |
|  |                                    | r  |
| 0511   |                                    | l <sub>()</sub>                                  |
| CELL   |                                    |  |
| E-MAIL ADDRESS   |                                    |  |
| OBJECTOR IS NOT THE OWNER OR MU                          | NICIPALITY IS THE OBJECTOR         |  |
|  |                                    | [  |
| ••••••••••••••••••••••••••••••••••••••                   |                                    |  |
|  |                                    | COMPANY OR C.C.                                  |
| IDENTITY NO.   |                                    | REGISTRATION NO                                  |
| POSTAL ADDRESS OF  |                                    | ·   _ F  |
|  |                                    | CODE   |
|  |                                    |  |
| I  |                                    |  |
| TELEPHONENO, HOMEI                                       | `                                  | WORK   |
| CELL   |                                    | FAX NO. ()                                       |
|  |                                    |  |
| E-MAIL ADDRESS   |                                    | I  |
|  |                                    |  |
| STATUS OF OBJECTOR (e.g. Tenant, Pe                      | nding Purchaser. Municipality etc) | i  |
|  |                                    |  |
| AUTHORISED REPRESENTATIVEOETH<br>NAME OF REPRESENTATIVE: | E OBJECTOR                         | i  |
| NAIVIE OF REFREGENTATIVE.                                |                                    |  |
|  |                                    |  |
|  |                                    |  |
|  |                                    |  |
| <u>k</u>   |                                    | <u>(</u>   |
|  |                                    |  |
| CELL   |                                    | FAX NO. ( )                                      |
|  |                                    |  |





| PHYSICALADDRESS                          |              |   |                             |                   |                            |              |
|--|--------------|---|-----------------------------|-------------------|----------------------------|--------------|
| (IF AVAILABLE)                           |              | m²  |                             |                   |                            |              |
|  |              |   |                             |                   |                            |              |
|  |              |   |                             | ]                 |                            |              |
|  |              |   |                             | 1                 |                            |              |
|  |              |   |                             |                   |                            |              |
| SERVITUDE <b>NO.</b>                     |              |   | AFFE                        | CTED AREA         |                            | m²           |
| IN FAVOUR OF                             |              |   |                             |                   |                            |              |
| FOR WHAT PURPOSE                         |              |   |                             |                   |                            |              |
| WAS COMPENSATION                         |              | YES INO 1   |                             |                   |                            |              |
| IF YES:.                                 | PAYMENT      |   | AMOUNT                      | R                 |                            |              |
|  |              |   |                             |                   |                            |              |
|  |              |   |                             |                   |                            |              |
| NO. OF BEDROOMS                          |              | NO. OF BATHROOMS  | KITCHEN                     |                   | LOUNGE                     |              |
| DINING ROOM                              |              | LOUNGE WITH DINING<br>ROOM  | STUDY                       |                   | PLAYROOM                   |              |
| TELEVISION ROOM                          |              | LAUNDRY   | SEPARATE<br>TOILET          |                   |                            |              |
| OTHER                                    |              |   | SIZE OF<br>MAIN<br>DWELLING |                   |                            | m²           |
| OTHER BUILDINGS                          | ATTACH       | AS ANNEXURE A   |                             |                   |                            |              |
| BUILDING NO.                             | DESCRIPTI    |   | CONDITION                   |                   | IS THE BUILD               | INGEUNCTIONA |
|  | , eco-touris | RTY USED FOR ANY PURPOSE<br>m, trading In or hunting of gar<br>ESCRIBETHE USE(S)<br>IF NI |                             |                   |                            |              |
| LAND USE ANALYSIS:                       | :            |   |                             |                   |                            |              |
| NONAGRICULTURAL<br>REFER TO <b>3.3</b> ) |              |   | ha                          | CONDITION<br>GOOD | OF FEI                     | POOR         |
| GRAZING                                  |              |   | ha                          |                   |                            |              |
| JNDER IRRIGATION                         |              |   | ha                          | AREA GAME         | NUMBER OF                  | l            |
| DRY LAND                                 |              |   | ha                          |                   | BOREHOLES                  |              |
| PERMANENT CROPS                          |              |   | ha                          | LIT               | OUTPUT<br>RE <b>S/HOUR</b> |              |
| OTHER                                    |              |   | ha                          |                   | DAMS                       |              |
| OTHER:                                   |              |   | ha                          |                   |                            |              |
|  |              |   |                             |                   |                            |              |
| DTHER:                                   |              |   | ha                          |                   | CAPACITY                   |              |

PLEASE COMPLETE THE BOTOM OF EACH PAGE





| OTHER   | FARMS                           |            |                   |           |           |     |      |
|---|---------------------------------|------------|-------------------|-----------|-----------|-----|------|
| IS YOUR PROPERTY AFFECTED BY  | A LAND CLAIM?                   | YES        |                   | NO        |           | I   |      |
| FYES:-  |                                 | ]          |                   |           |           |     |      |
| DATE OF CLAIM   |                                 | -          |                   |           |           |     |      |
| GAZETTE NO.   |                                 | 7          |                   |           |           |     |      |
| DO YOU HAVE WATER RIGHTS?   | YES                             | NO         |                   |           |           |     |      |
| HAVE YOU APPLIED FOR A REZONII  |                                 | ?          | YES               |           | NO        |     | ]    |
| CONSENT USE <b>e.g</b> as guest houes. bu<br>IF <b>YES:</b> DETAILS                           | usiness <b>etc</b> .            |            |                   |           |           |     |      |
| HAS YOUR AGRICULTURAL HOLDIN<br>PROPERTY BEEN EXCISED<br>IF Y <b>ES:</b> NEW FARM DESCRIPTION |                                 | ļ          | <u>NO</u>         |           | [         |     |      |
|   |                                 |            |                   |           |           |     |      |
| HAS THE TOWNSHIP BEEN APPLIED   | FOR OR PROCLAIM                 | ED?        | I                 | YES       |           | NO  | 1    |
|   |                                 |            | ľ                 |           |           |     |      |
| TENANT AND RENT INFORMATION<br>NAME OF TENANT SIZE  | -ANNEXURE C<br>RENTAL(EXCL VAT) | ESCALATION | OTHER CONT        | RIBUTIONS |           |     | FUSE |
| R   |                                 |            |                   |           |           |     | 7    |
| OFFER<br>RECEIVED R   |                                 |            | OFFER<br>RECEIVED | R         |           |     |      |
|   |                                 |            |                   |           |           |     |      |
|   |                                 |            |                   |           |           |     |      |
|   |                                 |            |                   |           |           |     |      |
|   |                                 |            |                   |           |           |     |      |
|   |                                 |            |                   |           |           |     |      |
|   |                                 |            |                   |           |           |     |      |
| RECEIVED R  | PARTICULARSAS RE                |            |                   | R         | DBY OBJEC | TOR |      |
| RECEIVED R  |                                 |            | RECEIVED          | R         | DBY OBJEC | TOR |      |
|   |                                 |            | RECEIVED          | R         | DBY OBJEC | TOR |      |
| RECEIVED R  |                                 |            | RECEIVED          | R         | DBY OBJEC | TOR |      |
| RECEIVED R<br>DESCRIPTION OF THE PROPERTY<br>CATEGORY   |                                 |            | RECEIVED          | R         |           | TOR |      |
| RECEIVED R<br>DESCRIPTION OF THE PROPERTY<br>CATEGORY<br>PHYSICALADDRESS                      |                                 |            | RECEIVED          | R         | DBY OBJEC | TOR |      |





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

ATTENTION IS HEREBY DRAWN TO SECTION 42(2) OF THE ACT WHICH STATES THAT WHERE ANY DOCUMENT. NFORMATION OR PARTICULARSWERE 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.

17WE PARTICULARS SUPPLIED ARE TRUE AND CORRECT. \_ HEREBY DECLARE M A T THE INFORMATION AND

YEAR MONTH DAY DATE:

SIGNATURE

#### **OFFICIAL USE**

SECTION 7: DECISION OF MUNICIPAL VALUER

| DESCRIPTION OF THE PROPERTY |  |
|-----------------------------|--|
| CATEGORY                    |  |
| PHYSICAL ADDRESS            |  |
| EXTENT                      |  |
| MARKET VALUE                |  |
| NAMEOFOWNER                 |  |

REASONS OF THE MUNICIPAL VALUER

| NAME OF MUNICIPAL VALUEW   |  | ] |      | YEAR | MONTH |  |
|--|--|---|------|------|-------|--|
| ASSISTANT MUNICIPAL VALUER'<br>* <b>Delete whichever</b> b <b>not applicable</b> |  |   | DATE |      |       |  |
|  |  |   |      |      |       |  |
|  |  |   |      |      |       |  |
|  |  |   |      |      |       |  |

#### SECTION 8: NOTIFICATION OF OUTCOME

|   | SIGNATURE | DATE |
|---|-----------|------|
| VALUATION ROLLADJUSTED                                |           |      |
| OBJECTOR NOTIFIED                                     |           |      |
| OWNER NOTIFIED  |           |      |
| SECTION <b>52</b> (1)( <b>a</b> )<br>WHERE APPLICABLE |           |      |

Complete:Portion/Holding No.. ..... Farm/Holding ......

PLEASE COMPLETE THE BOTOM OF EACH PAGE



DAY



The format below contains minimum information to be captured for lodging an appeal to the valuation appeal board against the decision of a municipal valuer regarding matters pertaining to a specific property in the valuation roll or supplementary valuation roll of a municipality





| 4 | No. | 2930 | )4 |
|---|-----|------|----|
|   |     |      |    |

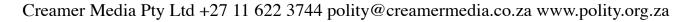
## 34 No. 29304 GOVERNMENT GAZETTE, 18 OCTOBER 2006

| FORM A RESIDENTIAL (FULL TITLE AND SECTIONAL TITLE USED FOR RESIDENTIAL PURPOSES) |   |             |                   |  |                    |          |  |           |      |
|---|---|-------------|-------------------|--|--------------------|----------|--|-----------|------|
| THE CHAIRPERSON: VALUATION APPEAL BOARD   |   |             |                   |  |                    |          |  |           |      |
|   |   | M           | lunicipality      |  |                    |          |  |           |      |
|   |   |             | S REFLECT         | ED IN OR ON                            | ITTED FROM         | THE VALU | LUER REGARDIN<br>ATION ROLUSUP<br>Ø JUNE | PLEMENTAF |      |
|   | * Delete whichever is not applicable<br>DESCRIPTION OF PROPERTY IN RESPECT OF WHICH THE APPEAL <b>IS</b> MADE |             |                   |  |                    |          |  |           |      |
|   | (COMPLETE A SEPARATE FORM FOR EACH ENTRY APPEALLED TO)  |             |                   |  |                    |          |  |           |      |
|   | ERF/UNIT  | NO.         |                   |  |                    |          | NAME                                     |           |      |
| SECTION   | ON1: APPE   | LLANT INF   | ORMATION          |  |                    |          |  |           |      |
|   |   |             |                   |  |                    |          |  |           | i    |
|   | IDENTITY  | NO.         |                   |  |                    |          | COMPANY OR C.C.<br>REGISTRATIONNO.       |           |      |
|   | PHYSICAL  |             | [                 |  |                    |          |  |           | CODE |
|   |   | DDRESS OF   |                   |  |                    |          |  |           |      |
|   | TELEPHON  | NENO        | I                 |  | )                  |          | WORK                                     | ()        |      |
|   | CELL  |             |                   |  |                    |          | FAX NO                                   | ()        |      |
|   | E-MAILADI   | DRESS       |                   |  |                    |          |  |           |      |
| 1.2   | APPELLAN  | TISNOTTH    | HE OWNER OR       | MUNICIPALITY                           | IS THE APPEL       | ANT      |  |           |      |
|   | NAME OF A   |             | r                 |  |                    |          |  |           |      |
|   |   |             | L                 |  |                    |          |  |           |      |
|   | IDENTITY N  | 10.         |                   |  |                    |          | COMPANY OR C.C.<br>REGISTRATION NO.      |           |      |
|   | POSTAL AD   | ODRESS OF   |                   |  |                    |          |  |           | CODE |
|   | TELEPHON  | IE NO.:     |                   |  | )                  |          | WORK                                     | ()        |      |
|   | CELL  |             |                   |  |                    |          | FAX NO.                                  | ()        |      |
|   |   |             | [                 |  |                    |          |  |           |      |
|   | E-MAIL ADI  |             | Tie g Tenant      | . Pending Purcha                       | aser. Municipality | etcl     |  |           |      |
|   |   |             |                   | 3                                      |                    |          |  |           |      |
| 1.3   | AUTHORIS  | EDREPRES    | SENTATIVEOF       | THE APPELLAN                           | T                  |          |  |           |      |
|   | NAMEOFF   | REPRESENT   | ATIVE             |  |                    |          | <u> </u>                                 | ·····     |      |
|   | POSTALA   | DDRESS      |                   |  |                    |          |  |           | C005 |
|   | TELEPHON  |             |                   | HOME                                   |                    | ]        | WORK                                     | ······    |      |
|   |   |             |                   |  |                    |          |  |           |      |
|   | CELL  | L           | `                 | ······································ |                    |          | FAX NO                                   | ())       |      |
|   | E-MAILADI   | DRESS       |                   |  |                    |          |  |           |      |
| •   | IFA REF   | PRESENT     | ATIVE <b>TS</b> A | PPOINTED,                              | PROOF <b>OF</b>    | AUTHORIS | ATION MUST BE                            | E ATTACHE | D    |
|   | Complete  | e: Erf/Unit | No                |  |                    |          | TOM OF EACH F                            |           |      |





USED FOR RESIDENTIALI FCF A RESIDENTIAL(FULL TITLE AND SECTION 2: PROPERTY DETAILS (FOR SECTIONAL TITLES SEE SECTION 4) CODE PHYSICAL ADDRESS EXTENT OF PROPERTY MUNICIPALACCOUNT (If available) NAME OF BOND HOLDER REGISTERED AMOUNT OF BOND (If applicable) SERVITUDENO. **AFFECTED** AREA NO. OF BATHROOMS LOUNGE WITH DINING ROOM NO. OF BEDROOMS KITCHEN LOUNGE STUDY SEPARATE DINING ROOM AYROOM TELEVISION ROOM LAUNDRY TOILET OTHER OTHER OTHER OTHER SIZE OF MAIN NO. OF GARAGES DWELLING GRANNY FLAT/ROOMS SIZE OF OUTBUILDING m² SIZE OF OTHER BUILDINGS OTHER m² OTHER BUILDINGS (ATTACHANNEXURE) TOTAL BUILDINGSIZE OTHER: TENNIS COURT SWIMMINGPOOL GOOD AVERAGE POOR BORE HOLE GARDEN OTHER OTHER HEIGHT DRIVEWAY (e.g. Bricks. pavers) Tick 🗆 IS YOUR PROPERTY SITUATED IN A BOOMEDAREA OR SECURITY YES NO OTHER FEATURES GOOD AVERAGE POOR .....







#### FORM A RESIDENTIAL (FULL TITLE AND SECTIONAL TITLE USED FOR RESIDENTIAL PURPOSES) SECTION 4: SECTIONAL TITLE UNITS

|                 | OF SCHEME                 |                    | FLAT NO./<br>DOOR NO. | UNIT SIZE m <sup>2</sup> |
|-----------------|---------------------------|--------------------|-----------------------|--------------------------|
|                 |                           |                    | TEL NO.               |                          |
| NO. OF BEDROOMS | NO. OF BATHROOMS          | KITCHEN            | LOUNGE                |                          |
| DINING ROOM     | LOUNGEWITH DINING<br>ROOM | STUDY              | PLAYROOM              |                          |
| TELEVISION ROOM | LAUNDRY                   | SEPARATE<br>TOILET |                       |                          |
| OTHER           |                           | OTHER              |                       |                          |
| OTHER           |                           | OTHER              |                       |                          |

| TENNIS COURT |   |   |
|--------------|---|---|
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| OTHER        | l | l |

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SECTION 5: MARKET INFORMATION

| R | R |  |
|---|---|--|
|   |   |  |

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

| PARTI | CULARS AS REFLECTED | CHANGES REQUESTED BY APPELLANT |
|-------|---------------------|--------------------------------|

T

|                                       | IN THE VALUATION ROLL |  |
|---------------------------------------|-----------------------|--|
| DESCRIPTIONOF THE PROPERTYNNIT<br>NO. |                       |  |
| CATEGORY                              |                       |  |
| PHYSICAL ADDRESS/DOOR NO./FLAT NO.    |                       |  |
| EXTENT                                |                       |  |
| MARKETVALUE                           |                       |  |
| NAME OF OWNER                         |                       |  |

Complete: Ert/Unit No..... Area/Scheme Name..... PLEASE COMPLETE THE BOTOM OF EACH PAGE



Polity

#### FORMA RESIDENTIAL (FULL TITLE AND SECTIONAL TITLE USED FOR RESIDENTIAL PURPOSES) SECTION I: DECLARATION

ATTENTIONIS HEREBY DRAWN TO SECTION 42(2) OF THE ACT WHICH STATES THAT WHERE ANY DOCUMENT. INFORMATION OR PARTICULARSWERE NOT PROVIDED WHEN REWIRED IN TERMS OF SUBSECTION 42(1) OF THE ACT AND THE OWNER CONCERNED RELIES ON SUCH DOCUMENT, INFORMATION OR PARTICULARSWARA *APPEAL* TO AN *APPEAL* BOARD, THE APPEAL BOARD THE CONST ON THE MAXE AN ORDER AS TO COSTS INTERMS OF SECTION 70 OF THE ACT IF THE APPEAL BOARD AND APPEAL BOARD THE VIEW THAT THE FAILURE TO SO HAVE PROVIDED ANY SUCH DOCUMENT. INFORMATION OR PARTICULARSWARA SHAS PLACED AN UNNECESSARY BURDEN ON THE FUNCTIONSOF THE MUNICIPAL VIALUER OR THE APPEAL BOARD.

1/WE SUPPLIED ARE TRUE AND CORRECT. \_\_\_ HEREBY DECLARE THAT THE INFORMATIONAND PARTICULARS

|       | YEAR | MONTH | DAY |
|-------|------|-------|-----|
| DATE: |      |       |     |

SIGNATURE

#### OFFICIAL USE

SECTION &: DECISION OF THE VALUATION APPEAL BOARD

| DESCRIPTIONOF THE PROPERTY/UNIT<br>NO. |  |
|--|--|
| CATEGORY                               |  |
| PHYSICAL ADDRESS/DOOR NO / FLAT NO.    |  |
| EXTENT                                 |  |
| MARKET VALUE                           |  |
| NAME OF OWNER                          |  |

REASONS OF THE VALUATION APPEAL BOARD

|   |           |      | ,    |      |       |     |
|---|-----------|------|------|------|-------|-----|
| NAME OF THE CHAIRPERSONOF THE VALUATIONAPPEAL BOARD |           |      | }    | YEAR | MONTH | DAY |
| SIGNATURE   |           |      | DATE |      |       |     |
|   |           |      |      |      |       |     |
| SECTION 9: NOTIFICATION OF OUTCOME                  |           |      |      |      |       |     |
| VALUATION ROUADJUSTED                               | SIGNATURE | DATE |      |      |       |     |
|   |           |      |      |      |       |     |
| APPELLANT NOTIFIED                                  |           |      |      |      |       |     |
| OWNER NOTIFIED                                      |           |      |      |      |       |     |

Complete: Er/Unit No......Area/Scheme Name..... PLEASE COMPLETE THE BOTOM OF EACH PAGE

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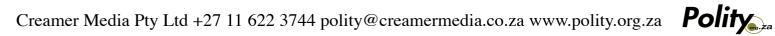
| FORM | 1 E: PROPERTIES OTHER TH                           | AN RESIDENTIALOR                 | AGRICULTURAL (e.g l                                      | ousinesses, factories, off<br>APPEAL NO | ices, <u>scho</u> ols)                  |
|------|--|----------------------------------|--|---|---|
|      | CHAIRPERSON VALUATION                              |                                  |  | L                                       |   |
| LOD  |  | T THE DECISION<br>E ED IN OR OMI |  | IER REGARDING MATTEI                    |   |
|      | wer is not   |                                  | •• ••••  | ••                                      |   |
|      | (COMPLETE S ARATE FO<br>ERF/PORTIC J F<br>NO       | NHICH                            | THE APPE/IL IS MAI<br>BJECTED TO)<br>SUBURB/<br>/SC IEM! |   |   |
|      | ON 1: APPELLANT A                                  |                                  | NO.  | REG. DIV                                |   |
| 1.1  | APPELLANT IS THE OWNER                             | Γ                                |  |   | 1                                       |
|      | IDENTITYNO.  |                                  |  | XOMPANY OR C.C.<br>EGISTRATION NO       | ]                                       |
|      | PHYSICAL ADDRESS<br>OFOWNER                        |                                  | <u></u>  |   | C005                                    |
|      | POSTALADDRESS OF                                   |                                  |  |   | CODE                                    |
|      | TELEPHONE NO:                                      | HOME ()                          |  | WORK (                                  | ,                                       |
|      | CELL   |                                  |  | FAX NO.                                 | )                                       |
|      | E-MAIL ADDRESS                                     |                                  |  | Ţ                                       |   |
| 1.2  | APPELLANT IS NOT THE OWNER                         | COR MUNICIPALITY'S THE           | APPELLANT  |   |   |
|      | NAME OF APPELLANT:                                 |                                  |  |   |   |
|      | IDENTITY NO.                                       |                                  |  | COMPANY OR C.C.<br>EGISTRATION NO.      |   |
|      | POSTAL ADDRESS OF                                  |                                  |  |   |   |
|      |  | HOME                             |  | WORK (                                  | , |
|      | CELL   |                                  |  | FAX NO. (                               | ,                                       |
|      |  |                                  |  |   | <u> </u>                                |
|      | E-MAIL ADDRESS                                     | nant. Pending Purchaser, Mu      | unicipality etc)   |   |   |
|      |  | <u>,</u>                         |  |   | ]                                       |
| 1.3  | AUTHORISED REPRESENTATIV<br>NAME OF REPRESENTATIVE | EOF THE APPELLANT                |  |   |   |
|      | POSTALADDRESS                                      |                                  |  |   |   |
|      |  |                                  |  | WORK                                    | ,                                       |
|      |  |                                  |  | FAX NO (                                | ·                                       |
|      | - <u></u> -  |                                  |  |   | <u></u>                                 |
| •    |  |                                  |  |   | 150                                     |
| -    | IF A REPRESENTATIVE                                |                                  |  |   | ובע                                     |
|      | Complete: <b>Erf/Unit</b> No                       |                                  | ETEM EBOTOMOFEAC   |   |   |





| ERVITUDENO.     |         |   |                         | AFFEC      | TEDAREA   |                     |
|-----------------|---------|---|-------------------------|------------|-----------|---------------------|
|                 |         |   |                         |            |           |                     |
| OR WHAT PURPOSE |         |   |                         |            |           |                     |
|                 |         |   |                         | -          |           |                     |
|                 |         |   |                         | -          |           |                     |
|                 |         |   |                         |            |           |                     |
|                 |         |   |                         |            |           |                     |
| NAME OF TENANT  | SIZE.   | RENTAL (EXCLVAT)                                  | ESCALATION<br>OF RENTAL | OTHER CONT | RIBUTIONS | TERM OF LEASE START |
|                 |         |   |                         |            |           | -                   |
|                 |         |   |                         |            |           |                     |
|                 |         |   |                         |            |           |                     |
|                 |         |   |                         |            |           |                     |
| BUILDING NO.    | SIZE    | m <sup>2</sup> DESCRIPTIONeg use                  | ed as a shop.           | CONDITION  |           | ]                   |
| BUILDING NO.    | SIZE    | m <sup>2</sup> DESCRIPTION e.g use<br>office etc. | ed as a shop.           | CONDITION  |           | ]                   |
| BUILDING NO.    | SIZE    | m <sup>2</sup> DESCRIPTION eg use<br>office etc.  | ed as a shop.           | CONDITION  |           | ]                   |
| BUILDING NO.    | SIZE    | m <sup>2</sup> DESCRIPTION eg use<br>office etc.  | ed as a shop.           | CONDITION  |           | ]                   |
| BUILDING NO.    | SIZE    | m <sup>2</sup> DESCRIPTIONeg use<br>office etc.   | ad as a shop.           |            |           | ]                   |
| BUILDING NO.    | SIZE    | m <sup>2</sup> DESCRIPTION eg use<br>office etc.  | ed as a shop.           | CONDITION  |           | ]                   |
| BUILDING NO.    | SIZE    | m <sup>2</sup> DESCRIPTION eg use<br>office etc.  | ed as a shop.           |            |           | ]                   |
| BUILDING NO.    | SIZE    | m <sup>2</sup> DESCRIPTIONeg use<br>office etc.   | să as a shop.           |            |           | ]                   |
| BUILDING NO.    | \$IZE : | m <sup>2</sup> DESCRIPTION eg use<br>office etc.  | ed as a shop.           |            |           | ]                   |

PLEASE COMPLETE THE BOTOMORY EACH PAGE







| SCHEME                                  |                   |                  |               |                   | FLAT NO./   |                           |
|---|-------------------|------------------|---------------|-------------------|-------------|---------------------------|
| NO.                                     | NAME OF SCHEME    |                  |               |                   | DOOR NO.    | UNIT SIZE                 |
| IAME OF MANAGING<br>IGENT               |                   |                  |               |                   |             | TEL NO.                   |
| HOPS                                    |                   | m²               | OTHER         |                   |             | m                         |
| FFICES                                  | ļ                 | m²               | OTHER         |                   |             | m*                        |
| ACTORIES                                | I                 | <u>ر،</u> س      | OTHER         |                   |             | W,                        |
| ENANT AND RENT                          | INFORMATION - AI  | <b>NEXURE</b> A  |               |                   |             |                           |
| NAME OF TENANT                          | SIZE              | RENTAL (E        | XCL VAT) ESCA | ATION OTHER CONT  | RIBUTIONS 1 | TERM OF LEASE START ON TE |
| IONTHLY LEVY                            | R                 |                  |               | DETAILS OF        | EXCLUSIVE   | USE AREAS                 |
| XMMON PROPERTY                          | CONSISTSO         |                  |               |                   |             |                           |
| WIMMING POOL                            |                   |                  |               |                   |             |                           |
| ENNIS COURT                             |                   |                  |               | PARKING           |             | ,m²                       |
| THER                                    |                   |                  |               |                   |             | m²                        |
| THER                                    |                   |                  |               | GARDEN            |             | .m²                       |
| THER                                    |                   |                  |               | OTHER             |             |                           |
| 5: MARKET INFOR                         |                   |                  |               |                   |             |                           |
|   |                   | _                |               |                   |             |                           |
| FYOUR PROPERTY IS<br>VHAT IS THE ASKING |                   | EMARKET          |               |                   |             |                           |
|   |                   | I                |               |                   |             |                           |
|   |                   |                  |               |                   |             |                           |
| FFER                                    |                   |                  |               | OFFER<br>RECEIVED |             |                           |
|   |                   |                  |               | -                 | ~           |                           |
|   |                   |                  |               | TEL NO.           |             |                           |
|   |                   |                  |               |                   | OF THE PRO  | OPERTYAPPWLEDTO           |
| UESTRANSACTION                          | IS USEDBY M E APP | <b>ELLANT</b> IN | DETERMININGT  | HE MARKETVALUE    | 0           |                           |
| FINSUFFICIENT SPA                       | CE PROVIDE ANNEX  | UREF)            |               |                   |             |                           |
|   | CE PROVIDE ANNEX  |                  |               |                   |             | SELLINGPRICE              |
| F INSUFFICIENT SPA                      | CE PROVIDE ANNEX  | UREF)            |               |                   |             | SELLINGPRICE              |
| FINSUFFICIENT SPA                       | CE PROVIDE ANNEX  | UREF)            |               |                   |             | SELLINGPRICE              |
| FINSUFFICIENT SPA                       | CE PROVIDE ANNEX  | UREF)            |               |                   |             | SELINGPRICE               |
| FINSUFFICIENT SPA                       | CE PROVIDE ANNEX  | UREF)            |               |                   |             | SELINGPRICE               |
| F INSUFFICIENT SPA                      | CE PROVIDE ANNEX  | UREF)            |               |                   |             | SELINGPRICE               |
| F INSUFFICIENT SPA                      | CE PROVIDE ANNEX  | UREF)            |               |                   |             | SELUNGPRICE               |

| NO.                             |  |
|---------------------------------|--|
| CATEGORY                        |  |
| PHYSICALADORESS/DOOR NOJFLATNO, |  |
| EXTENT                          |  |
| MARKETVALUE                     |  |
| NAME OF OWNER                   |  |

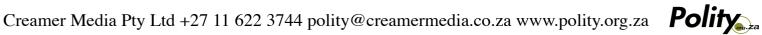
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FORM B PROPERTIESOTHER THAN RESIDENTIALOR AGRICULTURAL (e.g businesses, factories, offices, schools) Section 7: Declaration

|        | ERN                       |  | Docume IT.<br>Rder A: Ti<br>⊣Alvi | DANY UCH                | PARTICUL   | INAN | C'H THEAF     | BOARI   | D.THE<br>DIS TH |     |
|--------|---------------------------|--|-----------------------------------|-------------------------|------------|------|---------------|---------|-----------------|-----|
|        | I/WE<br>PARTICUL          | IY I ON THE                                | FUNCTION                          |                         | HEREBYDECL |      |               | 10N AND |                 |     |
|        | DATE:                     | YEAR MONTH                                 | D                                 | AY                      |            |      | SIGNATURE     |         |                 |     |
|        | AL <u>USE</u><br>ON EDECI | SION OF THE VALUA                          | TION APPE                         | FAL BOARD               |            |      |               |         |                 |     |
|        |                           | PTIONOF THE PROPERT<br>NO.                 | -                                 |                         |            | ]    |               |         |                 |     |
|        |                           | CATEGORY                                   |                                   |                         |            | 1    |               |         |                 |     |
|        | PHYSICAL                  | ADDRESSOOOR NOUP                           | LAT NO.                           |                         |            | 1    |               |         |                 |     |
|        |                           | EXTENT                                     |                                   |                         |            | ]    |               |         |                 |     |
|        |                           | MARKET VALUE                               |                                   |                         |            | ]    |               |         |                 |     |
|        |                           | NAME OF OWNER                              |                                   |                         |            | 1    |               |         |                 |     |
|        | REASONS                   | OF THE VALUATIONAL                         | PPEAL BOA                         | ARD                     |            |      |               |         |                 |     |
|        |                           |  |                                   |                         |            |      |               |         |                 |     |
|        |                           |  |                                   |                         |            |      |               |         |                 |     |
|        |                           |  |                                   |                         |            |      |               |         |                 |     |
|        |                           | THE CHAIRPERSON <b>OF</b><br>WAPPEAL BOARD | F                                 |                         |            |      | DATE          | YEAR    | MONTH           | DAY |
|        |                           | SIGNATURE:                                 | L                                 |                         |            | 1    |               |         |                 |     |
| SECTIO | ON 9: NOTI                | FICATION OF OUTCO                          | ME                                |                         |            |      | _             |         |                 |     |
|        | VALUATIO                  | N ROLLADJUSTED                             | F                                 | SIGNATURE               | D/         | ATE  | -             |         |                 |     |
|        | APPELLAN                  | T NOTIFIED                                 | ŀ                                 |                         |            |      | 4             |         |                 |     |
|        | OWNERN                    | OTIFIED                                    | ŀ                                 |                         |            |      | 1             |         |                 |     |
|        | Complete:                 | Eri/Unit No                                |                                   | e Name<br>LEASECOMPLETE |            |      | <b>-</b><br>Æ |         |                 |     |





| GOVERNMENT | GAZETTE. | 18 OCTOBER 2006  |
|------------|----------|------------------|
|            |          | 10 001 0DER 2000 |

|    | CHAIRPERSON: VALU          | ATION APPEAL<br>unicipality | BOARD          |                                       |                            |            |          | -   |
|----|----------------------------|-----------------------------|----------------|---------------------------------------|----------------------------|------------|----------|---|
|    |                            |                             |                |                                       |                            |            |          |   |
|    |                            |                             |                |                                       |                            |            |          |   |
|    |                            |                             |                |                                       |                            |            |          |   |
|    |                            |                             |                |                                       |                            |            |          |   |
|    | HOLDING/PORTION            | ·······                     |                | RICULTURAL                            |                            |            |          |   |
| ст | ION 1: APPELLANT INFO      | RMATION                     |                | FARM NO.                              |                            | REG. D     | 1        |   |
|    |                            |                             |                |                                       |                            |            |          |   |
|    | REGISTEREDOWNERC           |                             |                |                                       |                            |            |          |   |
|    | IDENTITYNO.                |                             |                |                                       | COMPANY OR<br>REGISTRATIO  |            |          |   |
|    | PHYSICALADDRESS            |                             |                |                                       |                            |            | ٦        |   |
|    |                            |                             |                | · · · · · · · · · · · · · · · · · · · |                            |            |          | <u>الــــــــــــــــــــــــــــــــــــ</u> |
|    | POSTAL ADDRESS OF<br>OWNER | <u> </u>                    |                |                                       |                            |            | CODE     |   |
|    | TELEPHONE NO               | HOME                        | <br>)          |                                       | w                          |            | )        |   |
|    |                            |                             |                | 7                                     | EAN                        | (NO. (     |          |   |
|    | CELL                       |                             |                |                                       | FAU                        |            | <u> </u> |   |
|    | E-MAILADDRESS              |                             |                |                                       |                            |            |          |   |
| 2  | APPELLANTIS NOTTH          | EOWNER OR MUI               | NICIPALITY     | THE APPELLA                           | η <u>τ</u>                 |            |          | -   |
|    | NAME OF APPELLANT:         |                             |                |                                       |                            |            |          | -   |
|    | IDENTITY NO.               |                             |                |                                       | COMPANY OR<br>REGISTRATION |            |          |   |
|    | POSTAL ADDRESS OF          |                             |                |                                       |                            |            | ٦        |   |
|    | APPELLANT                  | ······                      |                |                                       |                            |            |          | ·   |
|    | TELEPHONE NO .:            | HOME (                      | )              |                                       | W                          |            | )        |   |
|    | CELL                       |                             |                |                                       | FAX                        | (NO.       | )        |   |
|    | E-MAIL ADDRESS             |                             |                |                                       |                            |            |          |   |
|    | STATUS OF APPELLANT        | (e.g. Tenant, Pen           | ding Purchaser | . Municipality etc                    |                            |            |          |   |
|    |                            |                             |                |                                       | <u>.</u>                   |            |          |   |
|    | AUTHORISED REPRESE         | INTATIVEOF THE              | APPELLANT      |                                       |                            |            |          |   |
|    | NAME OF REPRESENT          |                             |                | <u> </u>                              | <u> </u>                   |            |          | ]   |
|    |                            |                             |                |                                       |                            |            | -        | ,<br>   |
|    | POSTAL ADDRESS             |                             |                |                                       |                            |            |          | L   |
|    | TELEPHONENO                | HOME                        | )              |                                       | w                          | ORK (      | )        |   |
|    | CELL                       |                             |                |                                       | FAX                        |            | )        |   |
|    |                            |                             |                |                                       |                            |            |          |   |
| *  | E-MAIL ADDRESS             |                             |                |                                       |                            |            |          | _   |
|    | IFA REPRESENTA             |                             | JINIED, PF     |                                       | TURISATIO                  | NIVIUSIDE, | ALIAGHE  | J.  |





FORM C: AGRICULTURAL HOLDINGS OR FARMS

| PHYSICAL ADDRESS                                    |   |                             |                   | CODE               |
|---|---|-----------------------------|-------------------|--------------------|
| EXTENT OF<br>PROPERTY                               | m²  |                             |                   |                    |
| MUNICIPALACCOUNT                                    |   | ()()                        |                   |                    |
|   | · · · · · · · · · · · · · · · · · · ·     | (If available)              |                   |                    |
| NAME OF BOND HOLDER                                 | REGISTERED AMOUNTO                        | F BOND                      | (Ifapplicable)    |                    |
|   | I   | 1                           | l                 |                    |
| PROVIDE FULL DETAILS OF<br>AGAINST THE PROPERTY (If | ALL SERVITUDES, ROAD PROCI<br>applicable) | _AMATIONSOR OTHER           | RENDORSEMENTS     | _                  |
|   |   |                             |                   | 1                  |
| SERVITUDE NO,                                       |   | AFFE                        | CTED AREA         | m²                 |
| INFAVOUR OF   |   |                             |                   |                    |
| FOR WHAT PURPOSE                                    |   |                             |                   |                    |
|   | YES                                       |                             |                   |                    |
|   |   |                             |                   |                    |
|   |   |                             | I                 |                    |
|   |   |                             |                   |                    |
|   |   |                             |                   |                    |
| NO. OF BEDROOMS                                     | NO. OF BATHROOMS                          | KITCHEN                     | LOUNGE            |                    |
| DININGROOM  | LOUNGE WITH DINING<br>ROOM                | STUDY                       | PLAYROC           | M                  |
| TELEVISIONROOM                                      | LAUNDRY                                   | SEPARATE                    |                   |                    |
| OTHER   |   | SIZE OF<br>MAIN<br>DWELLING |                   | m²                 |
|   |   | DWELLING                    | 5                 |                    |
| OTHER BUILDINGS -AT                                 | SCRIPTION [SIZE                           | m <sup>2</sup> CONDITION    | IS THE BL         | JILDING FUNCTIONAL |
| (e.g. Business, mining, eco                         | PROPERTY USED FOR ANY PURI                |                             | GRICULTURAL?      |                    |
| Tick D<br>YES NO IF                                 | YES:- DESCRIBE THE USE(S                  |                             |                   |                    |
|   |   | IF NECESSARY PRO            |                   |                    |
| LAND USE ANALYSIS                                   |   |                             |                   |                    |
| NONAGRICULTURAL<br>(REFERTO 3.3)                    |   | ha                          | CONDITION OF FEN  |                    |
| GRAZING   |   | hæ                          |                   |                    |
| UNDERIRRIGATION                                     |   | ha,                         | AREA GAME FENCE   | □ [                |
| DRY LAND  |   | ha                          | NUMBEF<br>BOREHC  |                    |
| PERMANENTCROPS                                      |   | ha                          | OUT               | PUT                |
| OTHER   |   | ha                          | LITRES/HC<br>DAMS | 0UR                |
| OTHER   |   | ha                          | UAMS              |                    |
|   |   |                             |                   |                    |
| OTHER   |   | ha                          | CAPACI            | IY <b>I</b>        |



## Polity

44 No. 29304

|  | OTHER:               | <b>CULTURAL</b>                          |          |                        | · _         | YES           |        | NO        |               |               |
|--|----------------------|--|----------|------------------------|-------------|---------------|--------|-----------|---------------|---------------|
|  | IFYES;•              | DATEOF                                   |          |                        | <u> </u>    |               |        |           |               |               |
|  |                      | GAZETTE                                  | NO.      | }                      |             |               |        |           |               |               |
|  | DO YOU H<br>IF YES;+ | AVE WATER<br>DETAILS:                    | RIGHTS?  | YES 1                  |             | NO            |        | 1         |               |               |
|  |                      | J APPLIED FC<br>USE e.g as g<br>DETAILS: |          |                        |             |               | YES    | 1         | NO            | ;             |
|  |                      | R AGRICULTU<br>Y BEEN EXC<br>NEW FARM    |          |                        | YES I       |               | NO     | Į         | 1             |               |
|  | HAS THE<br>IF YES,   | TOWNSHIPB<br>FULL <b>DET</b> A           |          | ED FOR OR F            | ROCLAIMED?  |               |        | YES       | 1             | NO            |
|  | TENANT A             |  | FORMAT   | NNEXI R                |             |               |        |           |               |               |
|  | NAME /               | TEMAN                                    | SIZE     | RENIAL                 | XCL VAT)    | CAL ATIONI OT | EP CON |           | TERMORIELARIO | TABT DATE USE |
|  | 4: MAR               | KET                                      |          |                        |             |               |        |           |               |               |
|  | R<br>tv is           | PERTY IS<br>ASKING                       |          | THE M                  | ARKET       |               |        |           |               | 114           |
|  |                      | R  |          |                        |             |               |        | R         | _             |               |
|  | OFFER                |  |          | -                      |             | ,ę            |        |           |               | î             |
|  | RECEIVE              | D  |          |                        |             | E             |        | R         |               |               |
|  | NAME OF              |  |          |                        |             |               |        | Γ-        |               | ]             |
|  |                      |  |          |                        | NT IN DETER | MINING THE    | MARKE  |           | THE PROPERT   |               |
|  |                      | FICIENT SPA                              |          | E ANNEXURI             | <u>[D]</u>  |               |        |           | -             |               |
|  | HOLDING/             | PORTIONING                               |          | RICULTURAL             | HOLIDNG/FAR | <u>~</u>      | DATE   | DFSALE    | SELLING       |               |
|  |                      |  |          |                        |             | — İ           |        |           |               |               |
|  |                      |  |          |                        |             |               |        |           |               |               |
|  |                      |  |          |                        |             |               |        |           |               |               |
|  |                      |  |          |                        |             |               |        |           |               |               |
|  |                      |  |          |                        |             |               |        |           |               |               |
|  |                      |  |          | PARTICULA<br>IN VALUAT | ARSAS REFLE | CTED CH       | ANGES  | REQUESTEI | BY APPELLAN   | Т             |
|  | DESCRIP              | TIONOF THE                               | PROPERTY |                        |             |               |        |           |               |               |
|  |                      | CATEGORY                                 | ſ        |                        |             |               |        |           |               |               |
|  | PH                   | YSICAL ADDF                              | RESS     |                        |             |               |        |           |               |               |
|  |                      | EXTENT                                   |          |                        |             |               |        |           |               |               |
|  | , I                  | MARKETVAL                                | .UE      |                        |             |               |        |           |               |               |
|  | N                    | AME OF OW                                | NER      |                        |             |               |        |           |               |               |
|  | L                    |  |          | I                      |             |               |        |           |               |               |
|  |                      |  |          |                        |             |               |        |           |               |               |





#### FORM C: AGRICULTURAL HOLDINGS OR FARMS SECTION E: DECLARATION

| INFORMATION OR PARTICUL<br>N RO THE APPEAL BO   | 4KD                         |                |                  |                 |
|---|-----------------------------|----------------|------------------|-----------------|
| 1/WE  |                             | HEREBY DECLARI | ETHAT THE INFORM | ATIONAND        |
| PARTICULARSSUPPLIEDARI  | E TRUE AND CORRECT.         |                |                  |                 |
| YEAR MONT   | H DAY                       |                |                  |                 |
| DATE:   |                             |                | SIGNATURE        |                 |
|   |                             |                |                  |                 |
| IAL USE   |                             |                |                  |                 |
| ION 7: DECISION OF THE VAL  | <b>LUATION APPEAL</b> BOARD |                |                  |                 |
| DESCRIPTIONOF THE PROP  | ERTY                        |                |                  |                 |
| CATEGORY  |                             |                |                  |                 |
|   |                             |                |                  |                 |
|   |                             |                |                  |                 |
| EXTENT  |                             | — <sub>I</sub> |                  |                 |
|   |                             |                |                  |                 |
| MARKETVALUE   |                             |                |                  |                 |
|   | NAPPEALBOARD                |                |                  |                 |
| MARKET VALUE NAME OF OWNER I REASONS OF THE VALUATIC  |                             |                |                  |                 |
| MARKET VALUE  |                             |                |                  | NR   MONTH   DA |
| MARKET VALUE NAME OF OWNER REASONS OF THE VALUATIC  |                             |                |                  | NR MONTH D/     |
| MARKET VALUE NAME OF THE VALUATIC NAME OF THE CHAIRPERSO VALUATION APPEAL BOARD   | NOF                         |                |                  | R MONTH D       |
| MARKET VALUE NAME OF OWNER REASONS OF THE VALUATIO NAME OF THE CHAIRPERSO VALUATIONAPPEAL BOARD SIGNATURE:                            |                             |                |                  | R MONTH D       |
| MARKET VALUE NAME OF OWNER REASONS OF THE VALUATIO NAME OF THE CHAIRPERSO VALUATIONAPPEAL BOARD SIGNATURE:                            |                             | DATE           |                  | R MONTH D       |
| MARKET VALUE NAME OF OWNER  REASONS OF THE VALUATIO  NAME OF THE CHAIRPERSO VALUATIONAPPEAL BOARD SIGNATURE: ION8: NOTIFICATION OF OU |                             |                |                  | R MONTH D       |





#### **ANNEXURE 6**

Format of declaration to be completed by the valuer of a municipality or assistant municipal valuer or a special valuer

#### DECLARATION BY MUNICIPAL VALUER OR ASSISTANT VALUER OR A SPECIAL VALUER FOR THE PERIOD TO \_\_\_\_\_\_\_\_TO \_\_\_\_\_\_

I, \_\_\_\_\_\_, . Identity Number \_\_\_\_\_\_do declare that I will, in accordance with the provisions of the Local Government: Municipal Property Rates Act, 2004 (Act No.6 of 2004), hereinafter referred to as the "Act", to the best of my skills and knowledge and without fear, favour or prejudice truly and impartially value properties and diligently perform all valuation-related functions, including the processing of objections and appeals regarding all properties within \_\_\_\_\_\_ municipal area of jurisdiction in terms of the provisions of the Act. In the discharge of my duties as a municipal valuer/assistant municipal valuer/special valuer\*, I will comply with sections 43 and 44 of the Act.

Declared at \_\_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 2\_\_\_ (year)

Professional Registration Number with the South African Council for the Property Valuers Profession\*\*

Category of Professional Registration \*\*

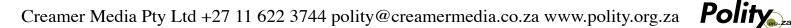
\*\*In the case of a professional valuer

Signature of Municipal Valuer/Assistant Municipal Valuer/Special Valuer

\*Delete whichever is not applicable

Commissioner of Oaths (Full Names)

Signature





Format of declaration to be completed by a member of a valuation appeal board or its committee

I, \_\_\_\_\_, Identity Number \_\_\_\_\_ do declare that I will, in accordance with the provisions of the Local Government: Municipal Property Rates Act, 2004 (Act No.6 of 2004), hereinafter referred to as the "Act", to the best of my skills and knowledge and without fear, favour or prejudice truly and impartially discharge the duties of the valuation appeal board established for the

\_\_\_\_\_area.

Declared at \_\_\_\_\_\_this \_\_\_\_\_ day of \_\_\_\_\_ 2\_\_\_(year)

Professional Registration Number with the South African Council for the Property Valuers Profession\*\*

Category of Professional Registration \*\*

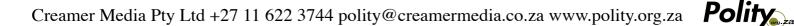
\*\*In the case of a professional valuer

Designation

Signature of a member of the valuation appeal board

Commissioner of Oaths (Full Names)

Signature



IDENTITY CARD FOR MUNICIPAL VALUER/ ASSISTANT MUNICIPAL VALUER/ DATA-COLLECTOR AND OTHER AUTHORISED PERSON BY MUNICIPALITIES TO ENTER PROPERTIES FOR VALUATION-RELATED PURPOSES AS CONTEMPLATED IN SECTION 41 OF THE ACT

Logo of municipality

Photograph of a person

(Name of authorising municipality)

Full names df person

Identity No

Designation\_\_\_\_\_

Professional Registration No (if applicable)

Period of validity of authorisation

Signature of the authorised person \_\_\_\_\_

Signature of issuing authority within the municipality\_\_\_\_\_

Date \_\_\_\_\_

Telephone No \_\_\_\_\_\_ of the municipality





IDENTITY CARD FOR A MEMBER OF AN APPEAL BOARD AND OTHER PERSON AUTHORISED BY AN APPEAL BOARD TO ENTER PROPERTIES FOR VALUATION-RELATED PURPOSES AS CONTEMPLATED IN SECTION 72(3) OF THE ACT

Logo of MEC's office Photograph of a person

Full names of person

| Identity No                               |                        |
|---|------------------------|
| Designation                               |                        |
| Professional Registration No (if applica  | ble)                   |
| Period of validity of authorisation       | ,                      |
| Signature of the authorised person        |                        |
| Signature of the issuing authority within | the office of the MEC  |
| for local government                      |                        |
| Date                                      |                        |
| Telephone No                              | _ of the office of the |
| MEC                                       |                        |

