

SUPPLEMENTARY VALUATION REVIEW FORM

NON-RESIDENTIAL PROPERTY (BUSINESS, COMMERCIAL, INDUSTRIAL, VACANT, ETC.)

The Valuation Office will mail an acknowledgement of receipt letter within four weeks of receipt of a review form. Should you not receive such a notification kindly contact the Customer Care Centre on 041-506 5555

RETURN THE COMPLETED FORM TO:

**THE CITY MANAGER
NELSON MANDELA BAY MUNICIPALITY**

Postal Address:
P.O. BOX 834
Port Elizabeth
6000

E-MAIL: valuations@mandelametro.gov.za

ERF NO. Suburb / Allotment:

Reason for query
(Please note with any query reasons should be provided and examples)

Registered Owner of Property			
Identity No.		Company or c.c. Registration No.	
Physical Address of Owner			Code
Postal Address of Owner			Code
Telephone No.	Home		Work
	Cell		Fax
E-Mail Address			

PROPERTY DETAILS:

PHYSICAL ADDRESS CODE

EXTENT OF PROPERTY M²

MUNICIPAL ACCOUNT NO (If available)

DESCRIPTION OF BUILDINGS

(INFORMATION UNDER (A) TO (D) TO BE SUPPLIED BY MEANS OF ANNEXURES AS FOLLOWS)

(A) TENANT AND RENT INFORMATION – ANNEXURE A

NAME OF TENANT	SIZE	RENTAL (EXCL VAT)	ESCALATION OF RENTAL	OTHER CONTRIBUTIONS	TERM OF LEASE	START DATE
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(B) SCHEDULE OF EXPENSES INCLUDING MUNICIPAL, ADMINISTRATION, INSURANCES, SECURITY etc. ANNEXURE B

Complete: Erf No Area

PLEASE COMPLETE THE BOTTOM OF EACH PAGE

(C) STATEMENT OF INCOME & EXPENDITURE FOR PREVIOUS FINANCIAL YEAR – ANNEXURE C

(D) BUILDING SIZES – ANNEXURE D

BUILDING NO.	SIZE M ²	DESCRIPTION e.g. used as a shop, offices etc.	CONDITION
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IF THE PROPERTY HAS NOT BEEN DEVELOPED TO ITS HIGHEST AND BEST USE, INDICATE THE EXTENT OF LAND THAT IS AVAILABLE FOR FURTHER DEVELOPMENT

	M ²
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OTHER FEATURES OF BUILDINGS: (PROVIDE ANNEXURE E IF NECESSARY)

SALE TRANSACTIONS (OF OTHER PROPERTIES IN THE VICINITY) USED BY THE OBJECTOR IN DETERMINING THE MARKET VALUE OF PROPERTY

ERF NO	SUBURB	DATE OF SALE	SELLING PRICE

Query Details		Changes Requested
Description of the Property No.		
Extent		
Market Value		
Category		
Name Of Owner		

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

I, FULL NAME:

SIGNATURE:

DATE:

HEREBY DECLARE THAT THE INFORMATION AND PARTICULARS SUPPLIED ARE TRUE AND CORRECT TO OUR/MY KNOWLEDGE

Complete: Erf No Area

PLEASE COMPLETE THE BOTTOM OF EACH PAGE

OFFICIAL USE

SECTION 8: DECISION OF MUNICIPAL VALUER

DESCRIPTION OF THE PROPERTY/UNIT NO.	
CATEGORY	
PHYSICAL ADDRESS/DOOR NO./FLAT NO.	
EXTENT	
MARKET VALUE	
NAME OF OWNER	

REASONS FOR THE MUNICIPAL VALUER

NAME OF MUNICIPAL VALUER/ASSISTANT MUNICIPAL VALUER*
Delete whichever if not applicable

SIGNATURE:

DATE

YEAR	MONTH	DAY

SECTION 9: NOTIFICATION OF OUTCOME

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