

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

Objection No.

The Valuation Office will mail an acknowledgement of receipt letter within three weeks of receipt of an objection. 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

LOGGING OF AN OBJECTION AGAINST THE DECISION OF THE MUNICIPAL VALUER REGARDING MATTERS PERTAINING TO SPECIFIC PROPERTY AS REFLECTED IN OR OMITTED FROM THE GENERAL VALUATION ROLL FOR THE PERIOD 1 JULY 2017 TO 30 JUNE 2021

*Delete whichever is not applicable

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

ERF/UNIT NO SUBURB / SCHEME NAME

SECTION 1: OBJECTOR INFORMATION

1.1 OBJECTOR IS THE OWNER

| | | | | |
|------------------------------|------|--------|-------------------------------|--------|
| REGISTERED OWNER OF PROPERTY | | | | |
| IDENTITY NO. | | | COMPANY OR CC REGISTRATION NO | |
| PHYSICAL ADDRESS OF OWNER | | | | CODE |
| POSTAL ADDRESS OF OWNER | | | | CODE |
| TELEPHONE NO | HOME | () | WORK | () |
| | CELL | | FAX | () |
| E-MAIL ADDRESS | | | | |

1.2 OBJECTOR IS NOT THE OWNER OR THE MUNICIPALITY IS THE OBJECTOR

| | | | | |
|---|------|--------|-------------------------------|--------|
| NAME OF OBJECTOR | | | | |
| IDENTITY NO. | | | COMPANY OR CC REGISTRATION NO | |
| POSTAL ADDRESS OF OBJECTOR | | | | CODE |
| TELEPHONE NO | HOME | () | WORK | () |
| | CELL | | FAX | () |
| E-MAIL ADDRESS | | | | |
| STATUS OF OBJECTOR e.g. Tenant, Pending Purchaser, Municipality | | | | |

Complete: Erf/Unit No Area/Scheme Name

PLEASE COMPLETE THE BOTTOM OF EACH PAGE

1.3 AUTHORISED REPRESENTATIVE OF THE OBJECTOR

| | | | |
|----------------------------------|----------|-------------------------------|------|
| NAME OF REPRESENTATIVE | | | |
| IDENTITY NO. | | COMPANY OR CC REGISTRATION NO | |
| POSTAL ADDRESS OF REPRESENTATIVE | | | CODE |
| TELEPHONE NO | HOME () | WORK | () |
| | CELL | FAX | () |
| E-MAIL ADDRESS | | | |

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

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

PHYSICAL ADDRESS CODE

EXTENT OF PROPERTY M²

MUNICIPAL ACCOUNT NO (If available)

| | |
|---------------------|---------------------------|
| NAME OF BOND HOLDER | REGISTERED AMOUNT OF BOND |
| | |

(If applicable)

PROVIDE FULL DETAILS OF ALL SERVITUDES, ROADS PROCLAMATIONS OR OTHER ENDORSEMENTS AGAINST THE PROPERTY (IF APPLICABLE)

| | | | |
|------------------|--|---------------|----------------|
| SERVITUDE NO | | AFFECTED AREA | M ² |
| IN FAVOUR OF | | | |
| FOR WHAT PURPOSE | | | |

| | | | | |
|-------------------------|-----|----|--------|---|
| WAS COMPENSATION PAID | YES | NO | | |
| IF YES: DATE OF PAYMENT | | | AMOUNT | R |

**SECTION 3: DESCRIPTION OF RESIDENTIAL DWELLING (FOR SECTIONAL TITLES SEE SECTION 4)
(INDICATE NUMBER OR STATE YES/NO IN APPROPRIATE BOX)**

MAIN DWELLING

| | | | | | | | |
|-----------------|--|--------------------------|--|-----------------|--|----------|--|
| NO.OF BEDROOMS | | NO. OF BATHROOMS | | KITCHEN | | LOUNGE | |
| DINNING ROOM | | LOUNGE WITH DINNING ROOM | | STUDY | | PLAYROOM | |
| TELEVISION ROOM | | LAUNDRY | | SEPARATE TOILET | | | |
| OTHER | | | | OTHER | | | |
| OTHER | | | | OTHER | | | |

OUTBUILDINGS

| | |
|-------------------|--|
| NO.OF GARAGES | |
| GRANNY FLAT/ROOMS | |
| OTHER | |

| | | |
|-------------------------|--|----------------|
| SIZE OF MAIN DWELLING | | M ² |
| SIZE OF OUT BUILDING | | M ² |
| SIZE OF OTHER BUILDINGS | | M ² |
| TOTAL BUILDING SIZE | | M ² |

OTHER BUILDINGS (ATTACH ANNEXURE)

| | | | | | |
|---------------|--|--------------|------|---------|------|
| SWIMMING POOL | | TENNIS COURT | | | |
| BORE HOLE | | GARDEN | GOOD | AVERAGE | POOR |
| OTHER | | OTHER | | | |

Complete: Erf/Unit No Area/Scheme Name

PLEASE COMPLETE THE BOTTOM OF EACH PAGE

| | | | | |
|---------|-------|------|--------|--------|
| FENCING | FRONT | BACK | SIDE 1 | SIDE 2 |
| TYPE | | | | |
| HEIGHT | | | | |

| | |
|---------------------------------|--|
| DRIVE WAY (E.G. Bricks, pavers) | |
|---------------------------------|--|

IS YOUR PROPERTY SITUATED IN A BOOMED AREA OR SECURITY

| | |
|-----|----|
| YES | NO |
| | |

OTHER FEATURES

GENERAL CONDITION OF PROPERTY (TICK APPROPRIATE BOX)

| | | | | | |
|------|--|---------|--|------|--|
| GOOD | | AVERAGE | | POOR | |
|------|--|---------|--|------|--|

SECTION 4: SECTIONAL TITLES UNITS

| | | | | | | | |
|-----------|--|----------------|--|---------------------|--|-----------|----------------|
| SCHEME NO | | NAME OF SCHEME | | FLAT NO/ DOOR NO | | UNIT SIZE | M ² |
|-----------|--|----------------|--|---------------------|--|-----------|----------------|

| | | | |
|------------------------|--|---------|-----|
| NAME OF MANAGING AGENT | | TEL NO. | () |
|------------------------|--|---------|-----|

INDICATE NUMBER OR STATE YES/NO IN APPROPRIATE BOX

| | | | | | | | |
|-----------------|--|-------------------------|--|-----------------|--|----------|--|
| NO.OF BEDROOMS | | NO. OF BATHROOMS | | KITCHEN | | LOUNGE | |
| DINNING ROOM | | LOUNGE WITH DINING ROOM | | STUDY | | PLAYROOM | |
| TELEVISION ROOM | | LAUNDRY | | SEPARATE TOILET | | | |
| OTHER | | | | OTHER | | | |
| OTHER | | | | OTHER | | | |

| | |
|--------------|---|
| MONTHLY LEVY | R |
|--------------|---|

DETAILS OF EXCLUSIVE USE AREAS

| | | |
|--------------|--|----------------|
| GARAGE | | M ² |
| CARPORT | | M ² |
| OPEN PARKING | | M ² |
| STORE ROOM | | M ² |
| GARDEN | | M ² |
| OTHER | | M ² |

COMMON PROPERTY CONSISTS OF:

| | |
|---------------|--|
| SWIMMING POOL | |
| TENNIS COURT | |
| OTHER | |
| OTHER | |
| OTHER | |

SECTION 5: MARKET INFORMATION

IF YOUR PROPERTY IS CURRENTLY ON THE MARKET

IF YOUR PROPERTY HAS BEEN ON THE MARKET THE LAST 3 YEARS

| | |
|---------------------------|---|
| WHAT IS THE ASKING PRICE? | R |
| OFFER RECEIVED | R |
| NAME OF AGENT | |

| | |
|----------------------------|-----|
| WHAT WAS THE ASKING PRICE? | R |
| OFFER RECEIVED | R |
| TEL NO | () |

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

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

SECTION 6: OBJECTION DETAILS

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

Complete: Erf/Unit No Area/Scheme Name

PLEASE COMPLETE THE BOTTOM OF EACH PAGE

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

SECTION 7: DECLARATION

ATTENTION IS HEREBY DRAWN TO SECTION 42(2) OF THE ACT WHICH STATES THAT WHERE ANY DOCUMENT, INFORMATION OR PARTICULARS WERE NOT PROVIDED WHEN REQUIRED IN TERMS OF SUBSECTION 42(1) OF THE ACT AND THE OWNER CONCERNED RELIES ON SUCH DOCUMENT, INFORMATION OR PARTICULARS IN AN APPEAL TO AN APPEAL BOARD, THE APPEAL BOARD MAY MAKE AN ORDER AS TO COSTS IN TERMS OF SECTION 70 OF THE ACT IF THE APPEAL BOARD IS OF THE VIEW THAT THE FAILURE TO HAVE PROVIDED ANY SUCH DOCUMENT, INFORMATION OR PARTICULARS HAS PLACED AN UNNECESSARY BURDEN ON THE FUNCTIONS OF THE MUNICIPAL VALUER OR THE APPEAL BOARD.

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

| YEAR | MONTH | DAY |
|------|-------|-----|
| | | |

SIGNATURE

OFFICIAL USE

SECTION 8: DECISION OF MUNICIPAL VALUER

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

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 | | |

Complete: Erf/Unit No Area/Scheme Name

PLEASE COMPLETE THE BOTTOM OF EACH PAGE