



FORM C: AGRICULTURAL HOLDINGS OR FARMS

OBJECTION NUMBER: _____

THE MUNICIPAL MANAGER
STEVE TSHWETE LOCAL MUNICIPALITY

LODGING OF AN OBJECTION AGAINST A MATTER REFLECTED IN OR OMITTED FROM THE SUPPLEMENTARY VALUATION ROLL DATED 31 JANUARY 2018 FOR THE PERIOD 1 JULY 2013 TO 30 JUNE 2018.

(COMPLETE A SEPARATE FORM FOR EACH ENTRY OBJECTED TO)

HOLDING / PORTION NO : _____
AGRICULTURAL HOLDING / FARM : _____
FARM NO. : _____
REG. DIVISON : _____

SECTION 1: OBJECTOR INFORMATION

1.1 OBJECTOR IS THE OWNER

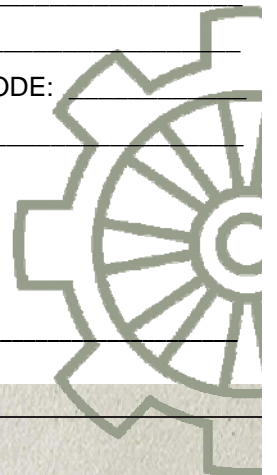
REGISTERED OWNER OF PROPERTY: _____
IDENTITY NO: _____ COMPANY OR CC REG. NO: _____
PHYSICAL ADDRESS OF OWNER: _____ CODE: _____
POSTAL ADDRESS OF OWNER: _____ CODE: _____
TELEPHONE NO: HOME: _____ WORK: _____
CELL PHONE: _____ FAX: _____
EMAIL ADDRESS: _____

1.2 OBJECTOR IS NOT THE OWNER OR MUNICIPALITY IS THE OBJECTOR

NAME OF OBJECTOR: _____
IDENTITY NO: _____ COMPANY OR CC REG. NO: _____
POSTAL ADDRESS OF OBJECTOR: _____ CODE: _____
TELEPHONE NO: HOME: _____ WORK: _____

Complete: erf / unit no: _____ area / scheme name: _____

Please complete the bottom of each page



CELL PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

STATUS OF OBJECTOR (eg. Tenant, Pending purchaser, Municipality, etc.) _____

1.3 AUTHORISED REPRESENTATIVE* OF THE OBJECTOR

NAME OF REPRESENTATIVE: _____

POSTAL ADDRESS: _____ CODE: _____

TELEPHONE NO: HOME: _____ WORK: _____

CELL PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

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

PHYSICAL ADDRESS: _____ CODE: _____

EXTENT OF PROPERTY : _____ m²

MUNICIPAL ACCOUNT NO : _____ (if available)

NAME OF BONDHOLDER : _____

REGISTER AMOUNT OF BOND : _____

PROVIDE FULL DETAILS OF ALL SERVITUDES, ROAD PROCLAMATIONS OR OTHER ENDORSEMENTS AGAINST THE PROPERTY (if applicable) _____

SERVITUDE NO: _____ AFFECTED AREA: _____ m²

IN FAVOUR OF : _____

FOR WHAT PURPOSE : _____

WAS COMPENSATION PAID : YES _____ NO _____

IF YES

DATE OF PAYMENT : _____ AMOUNT: R _____

SECTION 3: DESCRIPTION OF RESIDENTIAL DWELLING (FOR SECTIONAL TITLES SEE SECTION 4)

(INDICATE NUMBER OR STATE YES / NO IN APPROPRIATE BOX)

3.1 MAIN DWELLING

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

** If a representative is appointment, proof of authorisation must be attached*

Complete: Erf / unit No: _____ area / scheme name: _____

Please complete the bottom of each page



3.2 OTHER BUILDINGS –ATTACH AS ANNEXURE A

BUILDING NO.	SIZE m ²	DESCRIPTION	CONDITION	IS THE BUILDING FUNCTIONAL

3.3 IS ANY PORTION OF THE PROPERTY USED FOR ANY PURPOSE OTHER THAN AGRICULTURAL? (E.g. Business, mining, eco-tourism, trading in or hunting of game)

Tick

YES	NO

IF YES – DESCRIBE THE USE(S)

IF NECESSARY PROVIDE ANNEXURE B

3.4 LAND USE ANALYSIS:

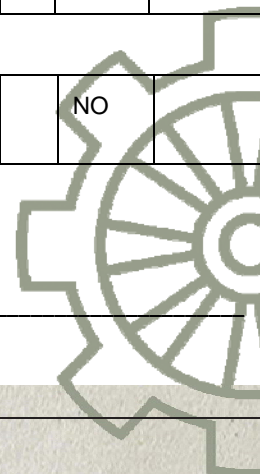
NON-AGRICULTURAL (REFER TO 3.3)		ha	CONDITION OF FENCES			
GRAZING	UNDER IRRIGATION	ha	GOOD	AVERAGE	POOR	
			AREA GAME FENCED		ha	
			NO. OF BOREHOLES			
OTHER		ha	OUTPUT / LITRES / HR			
OTHER		ha	DAMS			
OTHER		ha	CAPACITY			
TOTAL			IS THE PROPERTY EXPOSED TO A RIVER		YES	NO

3.5 OTHER

IS YOUR PROPERTY AFFECTED BY LAND CLAIM?		YES	NO
IF YES:	DATE OF CLAIM		
	GAZETTE NO.		
DO YOU HAVE WATER RIGHTS?		YES	NO
IF YES:	DETAILS		
HAVE YOU APPLIED FOR A REZONING OR CONSENT USE? (CONSENT USE E.G. GUEST HOUSES, BUSINESS ETC.)		YES	NO

Complete: Erf / unit No: _____ area / scheme name: _____

Please complete the bottom of each page



IF YES:	DETAILS				
HAS YOUR AGRICULTURAL HOLDINGS PROPERTY BEEN EXCISED		YES		NO	
IF YES:	NEW FARM DESCRIPTION				
HAS THE TOWNSHIP BEEN APPLIED FOR OR PROCLAIMED?		YES		NO	
IF YES:	FULL DETAILS				

TENANT AND RENT INFORMATION – ANNEXURE C

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

SECTION 4: MARKET INFORMATION

IF YOUR PROPERTY IS CURRENTLY ON THE MARKET WHAT IS THE ASKING PRICE?	
R	
OFFER RECEIVED	R

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

NAME OF AGENT: _____ TEL NO: _____

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

HOLDING / PORTION NO.	AGRICLUTURAL HOLDING / FARM	DATE OF SALE	SELLING PRICE

Complete: Erf / unit No: _____ area / scheme name: _____

Please complete the bottom of each page



SECTION 5: OBJECTION DETAILS

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

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

SECTION 6: 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 OF CONCERNED RELIES ON SUCH DOCUMENT, INFORMATION OR PARTICULARS IN AN APPEAL TO AN APPEAL BOARD, THE APPEAL BOARD MAY MAKE AN ORDER TO COSTS IN TERMS OF SECTION 70 OF THE ACT IF THE APPEAL BOARD IS OF THE VIEW THAT THE FAILURE TO SO HAVE PROVIDED ANY SUCH DOCUMENT, INFORMATION OR PARTICULARS HAS PLACED AN UNNECESSARY BURDEN ON THE FUNCTIONS OF THE MUNICIPAL VALUER OR THE APPEAL BOARD.

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

DATE (Year, Month, Day)

SIGNATURE

OFFICIAL USE

SECTION 7: DECISION OF MUNICIPAL VALUER

DESCRIPTION OF THE PROPERTY	
CATEGORY	
PHYSICAL ADDRESS	
EXTENT	
MARKET VALUE	
NAME OF OWNER	

Complete: Erf / unit No: _____ area / scheme name: _____

Please complete the bottom of each page



REASONS OF THE MUNICIPAL VALUER

NAME OF MUNICIPAL VALUER / ASSISTANT MUNICIPAL VALUER*

*DELETE WHICHEVER IS NOT APPLICABLE

SIGNATURE

DATE

YEAR	MONTH	DAY

SECTION 8: 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

