

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

UMDONI MUNICIPALITY

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Office of the Chief Financial Officer

THE MUNICIPAL MANAGER

OBJECTION NO. _____

UMDONI MUNICIPALITY LODGING OF AN OBJECTION AGAINST A MATTER REFLECTED IN OR OMITTED FROM THE VALUATION ROLL FOR THE PERIOD 1 JULY 2023 TO 30 JUNE 2028

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

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

SECTION 1: OBJECTOR INFORMATION

FARM NO. _____ REG DIV. _____

1.1. OBJECTOR IS THE OWNER

REGISTERED OWNER OF PROPERTY:

IDENTITY NO. _____ COMPANY OR C.C. _____
REGISTRATION NO. _____
PHYSICAL ADDRESS _____
OF OWNER _____ CODE _____
POSTAL ADDRESS _____
OF OWNER _____ CODE _____

TELEPHONE NO. HOME: (_____) _____ WORK: (_____) _____

CELL NO. _____ FAX NO.: (_____) _____

E-MAIL ADDRESS: _____

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

NAME OF OBJECTOR _____
IDENTITY NO. _____ COMPANY OR C.C. _____
REGISTRATION NO. _____
POSTAL ADDRESS OF _____
OBJECTOR: _____ CODE _____

TELEPHONE NO. HOME: (_____) _____ WORK: (_____) _____

CELL NO. _____ FAX NO.: (_____) _____

E-MAIL ADDRESS: _____

STATUS OF OBJECTOR (e.g. Tenant, Pending Purchaser, Municipality etc.)

1.3. AUTHORISED REPRESENTATIVE OF THE OBJECTOR

NAME OF REPRESENTATIVE _____

POSTAL ADDRESS: _____ CODE _____

TELEPHONE NO. HOME: (_____) _____ WORK: (_____) _____

CELL: _____ FAX NO.: (_____) _____

E-MAIL ADDRESS: _____

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

NB: THE OBJECTION IS TOWARD THE VALUATION OF THE PROPERTY, NOT RATES

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

PLEASE COMPLETE THE BOTTOM OF EACH PAGE

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SECTION 2: PROPERTY DETAILS

(FOR SECTIONAL TITLES SEE SECTION 4)

PHYSICAL ADDRESS: _____ CODE: _____

OF _____ m²

ACCOUNT _____ (If available)

NAME OF BOND HOLDER

REGISTERED AMOUNT OF BOND

_____ (If applicable)

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

SERVITUDE NO. _____ AFFECTED AREA _____ m²

IN FAVOUR OF _____

FOR WHAT PURPOSE: _____

WAS COMPENSATION PAID YES _____ NO _____

IF YES:

DATE OF PAYMENT _____ AMOUNT R _____

SECTION 3: DESCRIPTION OF BUILDINGS

(FOR SECTIONAL TITLES COMPLETE SECTION 4)

(INFORMATION UNDER 3.1. TO 3.4. TO BE SUPPLIED BY MEANS OF ANNEXURES AS FOLLOWS)

3.1. TENANT AND RENT INFORMATION – ANNEXURE A

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

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

3.4 BUILDING SIZES - ANNEXURE D

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

_____ m²

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

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

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SECTION 4: SECTIONAL TITLE UNITS

SCHEME NO. _____ NAME OF SCHEME _____ FLATS NO./ DOOR NO. _____ UNIT SIZE _____ m²

NAME OF MANAGING AGENT _____ TEL. NO. (____) _____

SHOPS _____ m² OTHER _____ m²

OFFICES _____ m² OTHER _____ m²

FACTORIES _____ m² OTHER _____ m²

NAME OF TENANT	SIZE	RENTAL EXCL VAT)	ESCALATION	OTHER CONTRIBUTIONS	TERM OF LEASE	START DATE
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COMMON PROPERTY CONSISTS OF:

SWIMMING POOL	
TENNIS COURT	
OTHER	
OTHER	
OTHER	

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

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		WHAT WAS THE ASKING PRICE?	R	
OFFER RECEIVED	R		OFFER RECEIVED	R	
NAME OF AGENT	R	TEL NO			

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

NB - For Market Value Objections, at least one Comparable Sale must be provided as EVIDENCE

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

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

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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		

ADVERSE FEATURES AND/OR FURTHER REASONS IN SUPPORT OF THIS OBJECTION (ANNEXURE G 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 SO HAVE PROVIDED ANY SUCH DOCUMENT, INFORMATION OR PARTICULARS HAS PLACED AN UNNECESSARY BURDEN ON THE FUNCTIONS OF THE MUNICIPAL VALUER OR THE APPEAL BOARD.

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

DATE:

YEAR	MONTH	DAY

 SIGNATURE: _____

OFFICIAL USE

SECTION 8: DECISION OF MUNICIPAL VALUER

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

REASONS OF THE MUNICIPAL VALUER

NAME OF MUNICIPAL VALUER / ASSISTANT MUNICIPAL VALUER*
*Delete whichever is not applicable
SIGNATURE:

DATE	YEAR	MONTH	DAY

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

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**FORM B: PROPERTIES OTHER THAN RESIDENTIAL OR AGRICULTURAL (E.G. BUSINESSES,
Factories, Offices, Schools)**

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