



COLLINS CHABANE LOCAL MUNICIPALITY

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

SUPPLEMENTARY VALUATION ROLL 2019 – 2022

Objection No.

OBJECTION FORM

ERF/UNIT NO..... SUBURB/SCHEMEME NAME.....

PORTION NO.....

Reason for query.....

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

PROPERTY DETAILS:

PHYSICAL ADDRESS

CODE:

EXTENT OF PROPERTY

<input type="text"/>	M ²
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MUNICIPAL ACCOUNT NO

INDICATE NUMBER OR STATE YES/NO IN APPROPRIATE BOX

No. of Bedrooms		No. of Bathrooms		Kitchen		Lounge	
Dining Room		Lounge/ Dining Room		Study		Playroom	
Television Room		Laundry		Separate Toilet			
Other				Other			
Other				Other			

OUTBUILDINGS

No. of Garages		Size of Main Dwelling	M ²
Granny Flat / rooms		Size of Outbuilding	M ²
Others		Size of other Buildings	M ²

OTHER BUILDINGS – ATTACH AS ANNEXURE A

Swimming Pool		Borehole			
Tennis Court		Garden	Good	Average	Poor
Other		Carport	M ²		
Other		Other	M ²		

FENCING

	Front	Back	Side 1	Side 2
Type				
Height				

Drive way: (e.g. Bricks, Pavers)

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Is your property situated in a boomed area or security

Tick	
Yes	No

Other features:.....

General condition of the property (Tick)

Good		Average		Poor	
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Monthly Levy

R	
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Market Information

If your property is currently on the market what is the asking price?

R	
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Offer received

R	
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Name of Agent:
No.

Tel

If your property has been on the market in the past 3 years what was the asking price?

R	
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Offer Received

R	
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SALE TRANSACTIONS (OF OTHER PROPERTIES IN THE VICINITY) USED BY THE OBJECTOR IN DETERMINING THE MARKET VALUE OF PROPERTY OBJECTED TO (IF INSUFFICIENT SPACE PROVED ANNEXURE D)

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

Query Details	Particulars as reflected in the Valuation Roll	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**

(To be filled by the Municipal Valuer)

Objection reference No: -

Name of a Municipal Valuer

Signature of Valuer

Date