

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

**THE CHAIRPERSON: VALUATION APPEAL BOARD
MOGALE CITY LOCAL MUNICIPALITY**

APPEAL NO.

**LODGING OF AN APPEAL AGAINST THE DECISION OF THE MUNICIPAL VALUER REGARDING MATTERS
PERTAINING TO A SPECIFIC PROPERTY AS REFLECTED IN OR OMITTED FROM THE VALUATION ROLL FOR
THE PERIOD 1 JULY 2025 TO 30 JUNE 2030**

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

ERF/UNIT NO. SUBURB SCHEME NAME

SECTION 1: APPELLANT INFORMATION

1.1 APPELLANT 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 FAX NO. ()

E-MAIL ADDRESS

1.2 APPELLANT IS NOT THE OWNER OR MUNICIPALITY IS THE APPELLANT

NAME OF APPELLANT:

IDENTITY NO. COMPANY OR C.C. REGISTRATION NO.

POSTAL ADDRESS OF APPELLANT CODE

TELEPHONE NO: HOME () WORK ()

CELL FAX NO. ()

E-MAIL ADDRESS

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

1.3 AUTHORISED REPRESENTATIVE OF THE APPELLANT

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**

Complete: Erf/Unit No Area/Scheme Name

FORM A: RESIDENTIAL (FULL TITLE AND SECTIONAL TITLE USED FOR RESIDENTIAL PURPOSES)**SECTION 2: PROPERTY DETAILS**

(FOR SECTIONAL TITLES SEE SECTION 4)

PHYSICAL ADDRESS

CODE

EXTENT OF
PROPERTYm²MUNICIPAL
ACCOUNT NO.

(If available)

NAME OF BOND HOLDER	REGISTERED AMOUNT OF BOND
<input type="text"/>	<input type="text"/>

(If applicable)

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

SERVITUDE NO.	<input type="text"/>	AFFECTED AREA	<input type="text"/>	m ²
IN FAVOUR OF	<input type="text"/>	<input type="text"/>	<input type="text"/>	
FOR WHAT PURPOSE	<input type="text"/>	<input type="text"/>	<input type="text"/>	

WAS COMPENSATION PAID
IF YES: -

YES

NO

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	<input type="text"/>	NO. OF BATHROOMS	<input type="text"/>	KITCHEN	<input type="text"/>	LOUNGE	<input type="text"/>
DINING ROOM	<input type="text"/>	LOUNGE WITH DINING ROOM	<input type="text"/>	STUDY	<input type="text"/>	PLAYROOM	<input type="text"/>
TELEVISION ROOM	<input type="text"/>	LAUNDRY	<input type="text"/>	SEPARATE TOILET	<input type="text"/>		
OTHER	<input type="text"/>	<input type="text"/>	<input type="text"/>	OTHER	<input type="text"/>		
OTHER	<input type="text"/>	<input type="text"/>	<input type="text"/>	OTHER	<input type="text"/>		

OUTBUILDINGS

NO. OF GARAGES	<input type="text"/>
GRANNY FLAT/ROOMS	<input type="text"/>
OTHER	<input type="text"/>

SIZE OF MAIN DWELLING	<input type="text"/>	m ²
SIZE OF OUTBUILDING	<input type="text"/>	m ²
SIZE OF OTHER BUILDINGS	<input type="text"/>	m ²
TOTAL BUILDING SIZE	<input type="text"/>	m ²

OTHER BUILDINGS (ATTACH ANNEXURE)**OTHER**

SWIMMING POOL	<input type="text"/>	TENNIS COURT	<input type="text"/>		
BORE HOLE	<input type="text"/>	GARDEN	GOOD	AVERAGE	POOR
OTHER	<input type="text"/>				
		OTHER	<input type="text"/>		

FENCING

	FRONT	BACK	SIDE 1	SIDE 2
TYPE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HEIGHT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DRIVE WAY (e.g. Bricks, pavers)

IS YOUR PROPERTY SITUATED IN
A BOOMED AREA OR SECURITY

YES

NO

Tick [✓]

OTHER FEATURES: _____

GENERAL CONDITION OF PROPERTY:

(Tick [✓])

GOOD	<input type="text"/>	AVERAGE	<input type="text"/>	POOR	<input type="text"/>
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Complete: Erf/Unit No Area/Scheme Name

PLEASE COMPLETE THE BOTTOM OF EACH PAGE

FORM A: RESIDENTIAL (FULL TITLE AND SECTIONAL TITLE USED FOR RESIDENTIAL PURPOSES)**SECTION 4: SECTIONAL TITLE UNITS**

SCHEME NO. NAME OF SCHEME FLAT NO./ DOOR NO. UNIT SIZE m²

NAME OF MANAGING AGENT TEL NO. ()

INDICATE NUMBER OR STATE YES/NO IN APPROPRIATE BOX

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			

MONTHLY LEVY R

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
STOREROOM		m ²
GARDEN		m ²
OTHER		m ²

SECTION 5: MARKET INFORMATION

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

R

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

R

OFFER RECEIVED R

OFFER RECEIVED R

NAME OF AGENT: TEL NO. ()

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

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

SECTION 6: APPEAL DETAILS

	PARTICULARS AS REFLECTED IN THE VALUATION ROLL	CHANGES REQUESTED BY APPELLANT
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 APPEAL (ANNEXURES CAN BE PROVIDED)

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

	YEAR	MONTH	DAY
DATE:			

SIGNATURE _____

OFFICIAL USE**SECTION 8: DECISION OF THE VALUATION APPEAL BOARD**

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

REASONS OF THE VALUATION APPEAL BOARD

NAME OF THE CHAIRPERSON OF
THE VALUATION APPEAL BOARD

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DATE

YEAR	MONTH	DAY

SIGNATURE

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SECTION 9: NOTIFICATION OF OUTCOME

	SIGNATURE	DATE
VALUATION ROLL ADJUSTED		
APPELLANT NOTIFIED		
OWNER NOTIFIED		

Complete: Erf/Unit No Area/Scheme Name

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