

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

THE MUNICIPAL MANAGER					Supplementary 3 - Objection No:			
MOGALE CITY LOCAL MUNI	CIPALITY				NO.			
LODGING OF AN OBJECTION PROPERTY AS REFLECTED								
2021.								
DESCRIPTION OF PROPER OBJECTED TO), DELETE SE				MADE (COM	PLETE A SEPARATE	FORM FOR	EACH ENTR	Y
ERF/UNIT NO			TOWNSHIP / SO	CHEME				
SECTION 1: OBJECTOR INF	ORMATIO	N						
1.1 OBJECTOR IS THE OV	VNER							
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 TH	IE OWNER	OR THE MUN	ICIPALITY IS THE OBJE	CTOR				
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 Purchaser, Municipality, other		Pending						
1.1 AUTHORISED REPRES	SENTATIV	E OF THE OB	JECTOR					
NAME OF REPRESENTATIVE								

Page 1 of 5

Note - All data fields on the form must be completed in full and omitted data may invalidate your objection. For fields that do not apply to your circumstance then to reflect as Not Applicable (N/A). The onus is on the objector to confirm that your objection has been received by the Municipality within the prescribed objection period for the validation, and late objections received after the close of the objection period, will not be accepted.



COMPANY OR CC

REGISTRATION NO

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

POSTAL ADDRESS OF REPRESENTATIVE									CODE	
TELEPHONE NO	HOME					WORK	(•	
	CELL					FAX				
E-MAIL ADDRESS						<u>.</u>				
IF A REPRESENTATIVE IS A	APPOINTI	ED, PRO	OF OF AUTI	HORISATION N	IUST BE AT	TACHED				
SECTION 2: PROPERTY DE	TAILS	(FOR SE	ECTIONAL T	ITLES SEE SE	CTION 4)					
PHYSICAL ADDRESS								COI	DE	
L										
EXTENT OF PROPERTY				M ²						
MUNICIPAL ACCOUNT NO							(If a	ıvailable)		
NAME OF BOND HO	OLDER		R	EGISTERED A	MOUNT OF I	BOND				
							(If a	pplicable)		
PROVIDE FULL DETAILS OF APPLICABLE)	F ALL SEI	RVITUDE	ES, ROADS F	PROCLAMATIO	NS OR OTH	ER ENDORSEN	MENTS /	AGAINST THE	PROPERTY	(IF
						<u> </u>				
SERVITUDE NO						AFFECTED A	AREA			M ²
IN FAVOUR OF										
FOR WHAT PURPOSE										
WAS COMPENSATION PAIL)	YES		NO						
IF YES: DATE OF PAYMENT				•	•	MOUN	NT	R		
SECTION 3: DESCRIPTION	OE BESII	DENTIAL	DWELLING	(FOR CECTIC						

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

MAIN DWELLING

IDENTITY NO.

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		

Page 2 of 5

Note – All data fields on the form must be completed in full and omitted data may invalidate your objection. For fields that do not apply to your circumstance then to reflect as Not Applicable (N/A). The onus is on the objector to confirm that your objection has been received by the Municipality within the prescribed objection period for the validation, and late objections received after the close of the objection period, will not be accepted.



SIZE OF MAIN

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

OUTBUILDINGS

NO.	NO.OF GARAGES					DWELLING						M ²
GRANNY FLAT/ROOMS OTHER			SIZE OF OUT BUILDING							M^2		
				SIZE OF OTHER BUILDINGS						M ²		
					TOTAL BUIL	DING SIZE					M^2	
OTHER	BUILDINGS (AT	TACH ANNE	EXURE)									
HER	SWIMMING POOL			TENNIS COURT								
BORE HOLE		HOLE			GARDEN	GOOD		AVERAGE		P	OOR	
	ОТІ	HER			OTHER							
	FENCIN	IG	FRONT			BACK SIDE 1		IDE 1		SIDE	2	
	TYPE											
	HEIGH	Т										
DDIVE !	MAV (E.G. Bricks	payore)	1				ID DDODEDT	V CITLIATED	INI Y	/ES	NO	
	NAY (E.G. Bricks,	pavers)					IR PROPERT MED AREA C		IN	/ES	NO	
OTHER ———— GENER	,	OF PROPER	`	1	ROPRIATE BOX)				IN	/ES	NO	
OTHER GENERA GOOD	FEATURES	OF PROPER	`	TICK APPR					IN	/ES	NO	
OTHER GENERA	FEATURES AL CONDITION C JUNE 4: SECTIONAL	OF PROPER	`	1					IN	/ES	NO M ²	
OTHER GENER. GOOD SECTIO SCHEM NO	FEATURES AL CONDITION C JUNE 4: SECTIONAL	AVERAGE TITLES UN	`	1			MED AREA C	R SECURITY	UNIT	/ES		
GENER. GOOD SECTIO	FEATURES AL CONDITION C IN 4: SECTIONAL	AVERAGE TITLES UN	`	1			MED AREA C		UNIT	/ES		
GENER. GOOD SECTIO SCHEM NO NAME C	FEATURES AL CONDITION C IN 4: SECTIONAL	AVERAGE TITLES UN NAME OF SCHEME	NITS	POO	OR		MED AREA C	R SECURITY	UNIT	/ES		
OTHER GENER. GOOD SECTIO SCHEM NO NAME CAGENT	FEATURES AL CONDITION C ON 4: SECTIONAL E OF MANAGING	AVERAGE TITLES UN NAME OF SCHEME	NITS	PPROPRIA NO. OI	OR TE BOX F BATHROOMS	A BOO	MED AREA C	R SECURITY	UNIT			
GENER. GOOD SECTIO SCHEM NO NAME CAGENT NO.0	FEATURES AL CONDITION O IN 4: SECTIONAL E DF MANAGING TE NUMBER OR S	AVERAGE TITLES UN NAME OF SCHEME	NITS	PPROPRIA NO. OI	OR	A BOO	FLAT NO/DOOR NO	R SECURITY	UNIT SIZE	NGE		
OTHER GENER. GOOD SECTIO SCHEM NO NAME C AGENT NO.O DIN	FEATURES AL CONDITION O IN 4: SECTIONAL E OF MANAGING TE NUMBER OR 3 OF BEDROOMS	AVERAGE TITLES UN NAME OF SCHEME	NITS	PPROPRIA NO. OI LOI DIN	TE BOX F BATHROOMS UNGE WITH	A BOO	MED AREA C	R SECURITY	UNIT SIZE	NGE		
OTHER GENER. GOOD SECTIO SCHEM NO NAME C AGENT NO.O DIN	FEATURES AL CONDITION OF MANAGING TE NUMBER OR SEPTIONAL OF BEDROOMS INING ROOM	AVERAGE TITLES UN NAME OF SCHEME	NITS	PPROPRIA NO. OI LOI DIN	TE BOX F BATHROOMS UNGE WITH INING ROOM	A BOO	FLAT NO/DOOR NO KITCHEN STUDY EPARATE	R SECURITY	UNIT SIZE	NGE		

Page 3 of 5

Note - All data fields on the form must be completed in full and omitted data may invalidate your objection. For fields that do not apply to your circumstance then to reflect as Not Applicable (N/A). The onus is on the objector to confirm that your objection has been received by the Municipality within the prescribed objection period for the validation, and late objections received after the close of the objection period, will not be accepted.



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

COMMON PROPER	RTY CONSISTS OF:		-		DETAIL	S OF EXCLUS	IVE USE AREA	S
SWIMMING POOL					GARAG			-
TENNIS COURT					CARPO	RT		
OTHER					ODENIE	PARKING		
OTHER								
OTHER					STORE	ROOM		
					GARDE	N		
					OTHER			
SECTION 5: MARK	ET INFORMATION							
IF YOUR PROPER MARKET	TY IS CURRENTLY ON TI	HE				R PROPERTY ST 3 YEARS	HAS BEEN ON	THE MARKET
WHAT IS THE ASKING PRICE?	R				WHAT \	WAS THE PRICE?	R	
OFFER RECEIVED	R				OFFER	RECEIVED	R	
NAME OF AGENT			TEL NO					
PROPERTY OBJECT	ONS (OF OTHER PROPE CTED TO SUBURB/SCHEME NAI		VICINITY) US	ED BY THE	OBJECT	1	OF SALE	SELLING PRICE
SECTION 6: OBJE	CTION DETAILS							
			ARS AS REFL ENTARY VALU			CHANGES R	EQUESTED B	Y OBJECTOR
DESCRIPTION OF NO.	THE PROPERTY/ UNIT	JOI 1 LEIVIE						
CATEGORY								
PHYSICAL ADDRE	SS/DOOR NO./FLAT NO.							-
EXTENT								
EXTENT MARKET VALUE								

Page 4 of 5

Note - All data fields on the form must be completed in full and omitted data may invalidate your objection. For fields that do not apply to your circumstance then to reflect as Not Applicable (N/A). The onus is on the objector to confirm that your objection has been received by the Municipality within the prescribed objection period for the validation, and late objections received after the close of the objection period, will not be accepted.



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

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

_			
_			
_			
SECT	ION 7: DECLARATION		
PROVID PARTIC THE AP	ED WHEN REQUIRED IN TE ULARS IN AN APPEAL TO A PEAL BOARD IS OF THE V	ERMS OF SUBSECTION 42(AN APPEAL BOARD, THE A IEW THAT THE FAILURE T	CT WHICH STATES THAT WHERE ANY DOCUMENT, INFORMATION OR PARTICULARS WERE 1) OF THE ACT AND THE OWNER CONCERNED RELIES ON SUCH DOCUMENT, INFORMATION APPEAL BOARD MAY MAKE AN ORDER AS TO COSTS IN TERMS OF SECTION 70 OF THE AC TO HAVE PROVIDED ANY SUCH DOCUMENT, INFORMATION OR PARTICULARS HAS PLACED CIPAL VALUER OR THE APPEAL BOARD.
I / WE		HEREBY DEC	CLARE THAT THE INFORMATION AND PARTICULARS SUPPLIED ARE TRUE AND CORRECT.
YEAR	MONTH	DAY	
			SIGNATURE