

|  |           |  |             | Supplementary<br>3 - Objection<br>No: |            |             |    |
|--|-----------|--|-------------|---------------------------------------|------------|-------------|----|
| THE MUNICIPAL MANAGER<br>MOGALE CITY LOCAL MUNI          | CIPALITY  |  |             | _                                     |            |             | -  |
|  |           | T THE DECISION OF THE MUN<br>MITTED FROM THE <b>SUPPLEME</b> |             |                                       |            |             |    |
|  | TY IN RES | PECT OF WHICH THE OBJECT<br>VHICH ARE NOT APPLICABLE:        | •           | PLETE A SEPARA                        | TE FORM FO | R EACH ENTF | ĽΥ |
| PORTION NO   |           | AGRICULTURAL HOLDING<br>/ FARM NAME                          |             |                                       |            |             |    |
| FARM NO  |           | REGISTRATION DIVISION  |             |                                       |            |             |    |
| SECTION 1: OBJECTOR INF<br>1.1 OBJECTOR IS THE OV        |           | N  |             |                                       |            |             |    |
| REGISTERED OWNER OF PROPERTY                             |           |  |             |                                       |            |             |    |
| IDENTITY NO.   |           |  |             | COMPANY OR C<br>REGISTRATION          |            |             |    |
| PHYSICAL ADDRESS<br>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 MUNICIPALITY IS TH                                    | HE OBJECTOR |                                       |            |             |    |
| NAME OF OBJECTOR   |           |  |             |                                       |            |             |    |
| IDENTITY NO.   |           |  |             | COMPANY OR C                          |            |             |    |
| POSTAL ADDRESS OF OBJECTOR                               |           |  |             |                                       | 1          | CODE        |    |
| TELEPHONE NO   | HOME      |  |             | WORK                                  |            |             |    |
|  | CELL      |  |             | FAX                                   |            |             |    |
| E-MAIL ADDRESS   |           |  |             |                                       |            |             |    |
| STATUS OF OBJECTOR e.g<br>Purchaser, Municipality, other |           | Pending  |             |                                       |            |             |    |
| 1.1 AUTHORISED REPRES                                    | SENTATIV  | E OF THE OBJECTOR  |             |                                       |            |             |    |
| NAME OF<br>REPRESENTATIVE                                |           |  |             |                                       |            |             |    |
| IDENTITY NO.   |           |  |             | COMPANY OR C                          |            |             |    |

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| POSTAL ADDRESS OF REPRESENTATIVE               |            |           |                  |                |                |          |        |          |         |          |       | CODE    |         |
|--|------------|-----------|------------------|----------------|----------------|----------|--------|----------|---------|----------|-------|---------|---------|
| TELEPHONE NO                                   | НОМ        | Е         |                  |                |                |          | ٧      | VORK     |         |          |       |         |         |
|  | CELL       | -         |                  |                |                |          | F      | AX       |         |          |       |         |         |
| E-MAIL ADDRESS                                 |            | •         |                  |                |                |          | •      |          | •       |          |       |         |         |
| IF A REPRESENTATIVE                            | IS APPOIN  | TED, PRC  | OF OF AUTH       | HORISATIO      | N MUST E       | BE ATTAC | CHED   |          |         |          |       |         |         |
| SECTION 2: PROPERTY                            | Y DETAILS  |           |                  |                |                |          |        |          |         |          |       |         |         |
| PHYSICAL ADDRESS                               |            |           |                  |                |                |          |        |          |         |          | COD   | E       |         |
|  |            |           |                  |                |                |          |        |          |         |          |       |         |         |
| EXTENT OF PROPERTY                             | Y          |           |                  | M <sup>2</sup> |                |          |        |          |         |          |       |         |         |
| MUNICIPAL ACCOUNT                              |            |           |                  | '              |                |          |        |          | (If ava | ailable) |       |         |         |
| NO   |            |           |                  |                |                |          |        |          | (ii ave | anabic)  |       |         |         |
| NAME OF BON                                    | D HOLDER   |           | RI               | EGISTEREI      | D AMOUN        | T OF BO  | ND     |          |         |          |       |         |         |
|  |            |           |                  |                |                |          |        | (        | lf ava  | ilable)  |       |         |         |
| PROVIDE FULL DETAIL<br>APPLICABLE)             | S OF ALL S | ERVITUD   | ES, ROADS F      | PROCLAMA       | TIONS OF       | R OTHER  | ENDO   | RSEMENT  | SAG     | SAINST   | THE P | ROPERTY | (IF     |
| ,  |            |           |                  |                |                |          |        |          |         |          |       |         |         |
| SERVITUDE NO                                   |            |           |                  |                |                |          | AFFEC  | TED AREA | A       |          |       |         | $M^2$   |
| IN FAVOUR OF                                   |            |           |                  |                |                |          |        |          |         |          |       |         |         |
| FOR WHAT PURPOSE                               |            |           |                  |                |                |          |        |          |         |          |       |         |         |
| WAS COMPENSATION                               | PAID       | YES       |                  | NO             |                |          |        |          |         |          |       |         |         |
| IF YES:<br>DATE OF PAYMENT                     |            |           |                  |                |                |          | А      | MOUNT    |         | R        |       |         |         |
| DATE OF PATMENT                                |            | 1         |                  |                |                |          |        |          |         |          |       |         |         |
| SECTION 3: DESCRIPT<br>(INDICATE NUMBER OF     |            |           |                  |                | TIONAL T       | TLE CO   | MPLET  | E SECTIO | N 4)    |          |       |         |         |
| NO. OF   |            |           |                  |                |                |          |        |          |         |          |       |         |         |
| BEDROOMS<br>DINING ROOM                        |            | NO. OF BA | ATHROOMS<br>WITH | _              | KITCHE         |          |        | LOUNGE   |         |          |       |         |         |
|  | !          | DINNING I | ROOM             |                | STUDY<br>SEPAR |          |        | PLAYRO   | ОМ      |          |       |         |         |
| TELEVISION ROOM                                |            | LAUNDRY   | ,<br>            |                | TOILET         |          |        |          |         |          |       |         |         |
| OTHER  |            |           |                  |                | SIZE OF        | MAIN D   | WELLIN | NG (M²)  |         |          |       |         |         |
| 3.2 OTHE BUILDINGS -                           | ATTACH A   | S ANNEX   | URE A            |                |                |          |        |          |         |          |       |         |         |
| BUILDING NO.                                   | DESCRIF    | PTION     | SIZE             | M2             | CONDIT         | ΓΙΟΝ     |        | IS THI   | E BUI   | ILDING   | FUNCT | ΓΙΟΝΑL  |         |
| 3.3 IS ANY PORTION O<br>(E.G. Business, mining |            |           |                  |                | E OTHER        | THAN A   | GRICUL | TURE?    |         |          |       |         |         |
| TICK<br>YES NO                                 | ╡.         | EVEC 5    | NECODINE TI      | IE LIGE(O)     |                |          |        |          |         |          |       |         |         |
| LIES INO                                       |            | r YES - D | ESCRIBE TH       | 1E USE(S)      | IF NEC         | ESSARY   | PROVI  | DE ANNE  | XURE    | ΕB       |       |         | <u></u> |
| NT 4 A 11 1 4 60                               | 11 4       |           | 4.1              |                |                |          | • 4 4  | •        |         |          |       |         |         |

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| 3.4 LAND USE ANALYSIS              |                     |              |       |             |       |                    |        |           |           |       | _      |     |
|------------------------------------|---------------------|--------------|-------|-------------|-------|--------------------|--------|-----------|-----------|-------|--------|-----|
|                                    |                     |              |       |             | CON   | IDITION            |        |           |           |       |        |     |
| NON AGRICULTURAL<br>(REFER TO 3.3) |                     |              | ha    | ]           | GOO   | DD                 | AV     | ERAGE     | POOF      | ?     | -      |     |
| GRAZING                            |                     |              | ha    |             | ARE   | A GAME             | FENC   | CED       | -         | На    |        |     |
| UNDER IRRIGATION                   |                     |              | ha    |             | BOR   | MBER OF<br>REHOLES |        |           |           |       |        |     |
| DRY LAND                           |                     |              | ha    |             |       | PUT<br>RES/HOL     | JR     |           |           |       |        |     |
| PERMANENT CROPS                    |                     |              | ha    |             | DAM   |                    |        |           |           |       |        | -   |
| OTHER                              |                     |              | ha    |             |       | ACITY              |        |           |           |       |        | ]   |
| OTHER                              |                     |              | ha    |             | -     | ES THE PRO         | OPERT  | Y EXPOSED | NO A RIVE | ER?   |        |     |
| OTHER                              |                     |              | ha    |             | '     |                    |        |           | NO        |       |        |     |
| TOTAL                              |                     |              | ha    | 3.5         | OTHER | ₹                  |        |           |           |       |        |     |
| IS YOUR PROPERTY AFFECT CLAIM?     | ED BY A LAND        | YES          |       |             |       | NO                 |        |           |           |       |        |     |
| OLAIIVI:                           |                     |              |       |             |       | 1                  |        |           |           |       |        |     |
| IF YES:-                           | DATE OF CLAIM       | <u> </u>     |       |             |       |                    |        |           |           |       |        |     |
|                                    | GAZETTE NO.         | 1            |       |             |       |                    |        |           |           |       |        |     |
| DO YOU HAVE WATER RIGH             | TS? YES             |              | NO    |             |       |                    |        |           |           |       |        |     |
| IF YES:- PROVIDE DETAILS           |                     |              |       |             |       |                    |        |           |           |       |        |     |
| HAVE YOU APPLIED FOR RE            | ZONING OR CONSE     | NT USE? CON  | ISENT | USE e.g.    | guest | houses,            | busine | ess etc.  | YES       |       | NO     |     |
| IF YES:- PROVIDE DETAILS           |                     |              |       |             |       |                    |        |           |           |       |        |     |
| HAS YOUR AGRICULTURAL I            | HOLDINGS PROPER     | RTY BEEN EXC | ISED  |             |       |                    |        |           | YES       |       | NO     |     |
| IF YES:- FULL DETAILS              |                     |              |       |             |       |                    |        |           |           |       |        |     |
| HAS THE TOWNSHIP BEEN A            | PPLIED FOR OR PF    | ROCLAIMED?   |       |             |       |                    |        |           | YES       |       | NO     |     |
| IF YES:- NEW FARM<br>DESCRIPTION   |                     |              |       |             |       |                    |        |           |           |       |        |     |
| TENANT AND RENT INFORM             | ATION – ANNEXUR     | EC           |       |             |       |                    |        |           |           |       |        |     |
|                                    | RENTAL EXCL<br>VAT) | ESCALATION   | N     | OTHER (     | CONT  | RIBUTIO            | NS     | TERM OF   | :         | STAR  | T DATE | USE |
| SECTION 4: MARKET INFOR            | ,                   | •            |       |             |       |                    |        | -         |           |       |        |     |
| IF YOUR PROPERTY IS CURI           | RENTLY ON THE       |              |       |             |       | YOUR               |        | ERTY HAS  | BEEN O    | N THE | MARKET |     |
| IVII MALL I                        |                     |              |       | Page 3 of 5 |       | IIL LAG            | . U IL | ,,,,,     |           |       |        |     |

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| ASKING PRICE?   | R  |  |  |  |   | ASKING PR  | THE<br>ICE?   | R   |   |                            |
|---|--|--|--|--|---|--|---|---|---|----------------------------|
| OFFER RECEIVED  | R  |  |  |  |   | OFFER RE   |   | R   |   |                            |
| NAME OF AGENT   |  |  |  | TEL NO   |   |  |   | 1   |   |                            |
| SALE TRANSACTIO<br>PROPERTY OBJECT  |  | PROPERTI   | ES IN THE  | VICINITY) US   | ED BY THE   | OBJECTOR   | N DETERI  | MINING THE N                                | MARKET VALUE OF   |                            |
| ERF/UNIT NO   | SUBURB/SCHE  | ME NAME  |  |  |   |  | DATE  | OF SALE                                     | SELLING PRICE   |                            |
|   |  |  |  |  |   |  |   |   |   |                            |
|   |  |  |  |  |   |  |   |   |   |                            |
|   |  |  |  |  |   |  |   |   |   |                            |
|   |  |  |  |  |   |  |   |   |   |                            |
|   |  |  |  |  |   |  |   |   |   |                            |
| SECTION 6: OBJEC  | TION DETAILS   |  |  |  |   |  |   |   |   |                            |
|   |  | _  |  |  |   |  |   |   |   |                            |
|   |  |  | PARTICUL<br>VALUATIO                                     | ARS AS REFL<br>N ROLL  | ECTED IN  | THE CI   | IANGES R  | REQUESTED B                                 | BY OBJECTOR   |                            |
| DESCRIPTION OF T NO.  | THE PROPERTY   | / UNIT   |  |  |   |  |   |   |   |                            |
| CATEGORY  |  |  |  |  |   |  |   |   |   |                            |
| PHYSICAL ADDRES   | SS/DOOR NO./FL   | AT NO.   |  |  |   |  |   |   |   |                            |
|   |  |  |  |  |   |  |   |   |   |                            |
| EXTENT  |  |  |  |  |   |  |   |   |   |                            |
| EXTENT MARKET VALUE   |  |  |  |  |   |  |   |   |   |                            |
|   | ES AND/OR FUR  | RTHER REA  | SONS IN S  | SUPPORT OF   | THIS OBJEG  | CTION (ANNE  | XURES C   | AN BE PROVII                                | DED)  |                            |
| MARKET VALUE  NAME OF OWNER  ADVERSE FEATURE  | DN   |  |  |  |   |  |   |   | DED)  ATION OR PARTICUL   | ARS WE                     |
| MARKET VALUE  NAME OF OWNER  ADVERSE FEATURE  FION 7: DECLARATION  NITION IS HEREBY DE  VIDED WHEN REQUII  ICULARS IN AN APPEAL BOARD IS GESSARY BURDEN | DRAWN TO SEC<br>RED IN TERMS<br>PEAL TO AN AP<br>OF THE VIEW T<br>I ON THE FUNCT | TION 42(2)<br>OF SUBSE<br>PEAL BOAI<br>HAT THE F<br>TIONS OF T | OF THE ACCTION 42(<br>RD, THE A<br>FAILURE T<br>HE MUNIC | CT WHICH ST<br>1) OF THE AC<br>PPEAL BOAR<br>O HAVE PRO<br>IPAL VALUER | ATES THAT<br>T AND THE<br>D MAY MAI<br>VIDED ANY<br>C OR THE AI | WHERE AN<br>OWNER CO<br>(E AN ORDE<br>( SUCH DOC<br>PPEAL BOAR | / DOCUMI<br>NCERNED<br>R AS TO (<br>JMENT, IN<br>D. | ENT, INFORM,<br>RELIES ON S<br>COSTS IN TEI |   | FORMA<br>OF THE<br>IAS PLA |
| MARKET VALUE  NAME OF OWNER  ADVERSE FEATURE  FION 7: DECLARATION  NITION IS HEREBY DE  VIDED WHEN REQUII  ICULARS IN AN APPEAL BOARD IS GESSARY BURDEN | DRAWN TO SEC<br>RED IN TERMS<br>PEAL TO AN AP<br>OF THE VIEW T<br>I ON THE FUNCT | TION 42(2)<br>OF SUBSE<br>PEAL BOAI<br>HAT THE F<br>TIONS OF T | OF THE ACCTION 42(<br>RD, THE A<br>FAILURE T<br>HE MUNIC | CT WHICH ST<br>1) OF THE AC<br>PPEAL BOAR<br>O HAVE PRO<br>IPAL VALUER | ATES THAT<br>T AND THE<br>D MAY MAI<br>VIDED ANY<br>C OR THE AI | WHERE AN<br>OWNER CO<br>(E AN ORDE<br>( SUCH DOC<br>PPEAL BOAR | / DOCUMI<br>NCERNED<br>R AS TO (<br>JMENT, IN<br>D. | ENT, INFORM,<br>RELIES ON S<br>COSTS IN TEI | ATION OR PARTICUL<br>SUCH DOCUMENT, IN<br>RMS OF SECTION 70<br>OR PARTICULARS H | FORMA<br>OF THE<br>IAS PLA |
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