

				Supplementary 6 - Objection No:			
THE MUNICIPAL MANAGER MOGALE CITY LOCAL MUNI	CIPALITY			_			-
		T THE DECISION OF THE MUN MITTED FROM THE SUPPLEME					
	TY IN RES	PECT OF WHICH THE OBJECT VHICH ARE NOT APPLICABLE.	•	PLETE A SEPARA	TE FORM FOR	R EACH ENTR	ΥY
PORTION NO		AGRICULTURAL HOLDING / FARM NAME					
FARM NO		REGISTRATION DIVISION					
SECTION 1: OBJECTOR INF 1.1 OBJECTOR IS THE OV		N					
REGISTERED OWNER OF PROPERTY							
IDENTITY NO.				COMPANY OR C REGISTRATION			
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 MUNICIPALITY IS TH	HE OBJECTOR				
NAME OF OBJECTOR							
IDENTITY NO.				COMPANY OR C			
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 OBJECTOR					
NAME OF REPRESENTATIVE							
IDENTITY NO.				COMPANY OR C			

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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.



POSTAL ADDRESS OF REPRESENTATIVE											CODE	
TELEPHONE NO	HON	ΛE					WOR	K				
	CEL	L					FAX					
E-MAIL ADDRESS		•					•					
IF A REPRESENTATIVE	IS APPOIN	NTED, PRO	OOF OF AUTH	HORISATIO	N MUST BE	ATTACHI	ED					
SECTION 2: PROPERTY	Y DETAILS											
PHYSICAL ADDRESS										COD	E	
EXTENT OF PROPERTY	Y			M ²								
MUNICIPAL ACCOUNT				*	<u></u>			(If a	vailable)			
NO								(11.0	(Valiable)			
NAME OF BON	D HOLDER		RI	EGISTERE	D AMOUNT	OF BOND	1					
								(If a	vailable)			
PROVIDE FULL DETAIL APPLICABLE)	S OF ALL S	SERVITUD	ES, ROADS F	PROCLAMA	TIONS OR	OTHER EN	NDORSE	MENTS A	AGAINST	THE P	ROPERTY	(IF
						1			ı			
SERVITUDE NO						AF	FECTED	AREA				M^2
IN FAVOUR OF												
FOR WHAT PURPOSE												
WAS COMPENSATION	PAID	YES		NO								
IF YES: DATE OF PAYMENT							AMOU	JNT	R			
DATE OF PATMENT												
SECTION 3: DESCRIPT (INDICATE NUMBER O					TIONAL TI	TLE COMP	LETE SE	ECTION 4	1)			
NO. OF				12 50%,								
BEDROOMS DINING ROOM		NO. OF BALLOUNGE	ATHROOMS		KITCHEN	1	LOI	UNGE				
BINING ROOM		DINNING			STUDY	TE	PLA	AYROOM	1			
TELEVISION ROOM		LAUNDRY	<u>'</u>		TOILET	16						
OTHER					SIZE OF	MAIN DWE	ELLING ((M ²)				
3.2 OTHE BUILDINGS -	- ATTACH A	AS ANNEX	URE A									
BUILDING NO.	DESCRI	PTION	SIZE	M2	CONDITI	ON	I	IS THE B	UILDING	FUNCT	ΓΙΟΝΑL	
3.3 IS ANY PORTION O (E.G. Business, mining					E OTHER T	HAN AGR	ICULTUR	RE?				
TICK												
YES NO		IF YES – D	DESCRIBE TH	IE USE(S)	IF NECF	SSARY PF	ROVIDE A	ANNEXUI	RE B			
NT 4 A 11 1 4 60			4.3			• • • • • • • • • • • • • • • • • • • •						

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3.4 LAND USE ANALYSIS				ſ						7	
				_	GOOD		ENCES ERAGE	POOF	<u> </u>	-	
NON AGRICULTURAL (REFER TO 3.3)			ha		GOOD	AV	ERAGE	POOR	`	-	
GRAZING			ha		AREA GAME	FEN	CED		На]	
UNDER IRRIGATION			ha		NUMBER OF BOREHOLES						
DRY LAND			ha		OUTPUT LITRES/HOU	R					
PERMANENT CROPS			ha		DAMS						
OTHER			ha		CAPACITY						
OTHER			ha			PERT	Y EXPOSED		ER?		
OTHER			ha		YES			NO			
TOTAL			ha								
IS YOUR PROPERTY AFFECT	TED BY A LAND			3.5 C	1		ı				
CLAIM?	TED DI MEMILI	YES			NO						
IF YES:-	DATE OF CLAIM	1									
11 120.	GAZETTE NO.										
DO YOU HAVE WATER RIGH	ITS? YES		NO								
IF YES:- PROVIDE DETAILS	-										
HAVE YOU APPLIED FOR RE	ZONING OR CONSE	ENT USE? CON	NSEN ⁻	T USE e.g.	guest houses, l	busine	ess etc.	YES		NO	
IF YES:- PROVIDE DETAILS								•			
HAS YOUR AGRICULTURAL	HOLDINGS PROPER	RTY BEEN EXC	CISED					YES		NO	
IF YES:- FULL DETAILS								ı		"	
HAS THE TOWNSHIP BEEN A	ADDITED FOR OR DE	BOOL AIMEDO						YES		NO	
HAS THE TOWNSHIP BEEN	HEPLIED FUR UR PI	TOCLAINED?						169		NO	
IF YES:- NEW FARM DESCRIPTION											
TENANT AND RENT INFORM	IATION – ANNEXUR	EC									
	RENTAL EXCL VAT)	ESCALATIO	N	OTHER C	ONTRIBUTION	NS	TERM OF	=	START	DATE	USE
SECTION 4: MARKET INFOR	,	•							•		•
IF YOUR PROPERTY IS CUR MARKET							ERTY HAS	BEEN C	N THE N	MARKET	
INIVILLE				Page 3 of 5	THE LAST	3 TE	.ARS				

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ASKING PRICE?	R				ASKING PRI	THE CE?	R		
OFFER RECEIVED	R		1		OFFER REC		R		
NAME OF AGENT			TEL NO						
SALE TRANSACTION PROPERTY OBJECT		ROPERTIES IN TI	HE VICINITY) US	ED BY THE	OBJECTOR I	N DETER	MINING THE M	MARKET VALUE OF	
	SUBURB/SCHEM	IE NAME				DATE	OF SALE	SELLING PRICE	
SECTION 6: OBJECT	TION DETAILS								
		PARTIC	ULARS AS REFL	FCTED IN	THE T				
DESCRIPTION OF TH	JE DBODEDTVI	VALUAT	ION ROLL		CH	ANGES F	REQUESTED B	Y OBJECTOR	
NO.	TE PROPERTY/ (וואונ							
CATEGORY									
PHYSICAL ADDRESS	S/DOOR NO./FLA	T NO.							
CVTCNT									
EXTENT									
MARKET VALUE									
MARKET VALUE	S AND/OR FURT	HER REASONS II	N SUPPORT OF	THIS OBJEC	CTION (ANNE.	XURES C.	AN BE PROVIC	DED)	
MARKET VALUE NAME OF OWNER	S AND/OR FURT	HER REASONS II	N SUPPORT OF	THIS OBJEC	CTION (ANNE.	XURES C.	AN BE PROVIC	DED)	
MARKET VALUE NAME OF OWNER	S AND/OR FURT	HER REASONS II	N SUPPORT OF	THIS OBJEC	CTION (ANNE.	XURES C	AN BE PROVIC	DED)	
MARKET VALUE NAME OF OWNER ADVERSE FEATURE		HER REASONS II	N SUPPORT OF	THIS OBJEC	CTION (ANNE	XURES C	AN BE PROVIC	DED)	
MARKET VALUE NAME OF OWNER ADVERSE FEATURE		HER REASONS II	N SUPPORT OF	THIS OBJEC	CTION (ANNE.	XURES C	AN BE PROVIC	DED)	
MARKET VALUE NAME OF OWNER ADVERSE FEATURE TION 7: DECLARATION NION IS HEREBY DE	N RAWN TO SECTI	ON 42(2) OF THE	ACT WHICH ST	ATES THAT	WHERE ANY	DOCUM	ENT, INFORMA	ATION OR PARTICULA	
MARKET VALUE NAME OF OWNER ADVERSE FEATURE FION 7: DECLARATION NITION IS HEREBY DE VIDED WHEN REQUIR ICULARS IN AN APPI	N RAWN TO SECTI RED IN TERMS O EAL TO AN APPI	ON 42(2) OF THE F SUBSECTION 4 EAL BOARD, THE	ACT WHICH ST 12(1) OF THE AC E APPEAL BOAR	ATES THAT	WHERE ANY OWNER CON	DOCUMI	ENT, INFORM/ RELIES ON S COSTS IN TER	ATION OR PARTICULA UCH DOCUMENT, INF RMS OF SECTION 70	ORMA
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