

MARULENG MUNICIPALITY

65 SPRINGBOK STREET P.O. BOX 627 HOEDSPRUIT 1380 TEL: (015) 793 2409 TEL: (015) 793 2237 FAX: (015) 793 2341

MOPANI DISTRICT MUNICIPALITY DEPARTMENT OF SPATIAL PLANNING AND ECONOMIC DEVELOPMENT FORM C: AGRICULTURAL HOLDINGS OR FARMS Objection No. 1ST SUPPLEMENTARY VALUATION ROLL 2019 - 2020 **OBJECTION FORM** FARM NO..... FARM NAME.... PORTION NO...... REGISTRATION DIVISION..... Reason for query..... **Registered Owner of Property** Identity No. Company or c.c Registration No. **Physical Address the** Code Owner **Postal Address of Owner** Code Telephone No. Home Work Cell Fax E-Mail Address **PROPERTY DETAILS:** PHYSICAL ADDRESS **CODE: EXTENT OF PROPERTY** M^2 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	

Swimming Pool	Dwelling	M ²
Tennis Court	Garage	M ²
Other	Carport	M^2
Other	Other	M^2

OTHER BUILDINGS – ATTACH AS ANNEXURE A

BUILDING NO.	DESCRIPTION	SIZE M2	CONDITION	IS THE BUILDING
				FUNCTIONAL

IS ANY OF THE PROPERTY USED FOR ANY PURPOSE OTHER THAN AGRICULTURE? (E.g Business, mining, eco-tourism, trading in or hunting game)

TICK			
YES	NO	IF YES – DESCRIBE THE USE(S)	

LAND USE ANALYSIS

CONDITION OF FENCES			
GOOD	AVERAGE POOR		
AREA GAN	ME FENCED	На	

NON AGRICULTURAL (REFER TO 3.3)	Ha
GRAZING	Ha
UNDER IRRIGATION	На
DRY LAND	На
PERMANENT CROPS	Ha
OTHER	Ha
OTHER	На
OTHER	На
TOTAL	Ha

NUMBER OF BOREHOLES	
OUTPUT LITRES/HOUR	
DAMS	
CAPACITY	

IF NECESSARY PROVIDE ANNEXURE B

IS THER A RIVER	E PROPERT ?	TY EXPO	SED TO
YES		NO	



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

HOLDING/PORTION NO.	AGRICULTURAL HOLDING/FARM	DATE OF SALE	SELLING PRICE

Query Details	Particulars as reflected in the	Changes Requested
	Valuation Roll	
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 LARE TRUE AND CORRECT TO OUR MY KNOWLEDGE		

(To be filled by the Municipal Valuer)		
Name of a Municipal Valuer		
Signature of Valuer	Date	

