



**RAYMOND
MHLABA
MUNICIPALITY**

UMANYANO KUPHULISO

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8 Somerset Street | Fort Beaufort, 5720 | P.O.Box 36, Fort Beaufort, 5700

FORM A (R): VALUATION REVIEW FORM FOR RESIDENTIAL, BUSINESS, OTHER PROPERTIES

Account No		Review No	
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**TO THE MUNICIPAL MANAGER
RAYMOND MHLABA MUNICIPALTY
8 SOMERSET ST/P.O. BOX 36
FORT BEAUFORT,
5720**

**Tel: 046 645 7437
Fax: 046 645 7436**

**FROM: THE OWNER - LODGING OF A "REVIEW" IN TERMS OF SECTION 78 (5) OF THE MUNICIPAL PROPERTY RATES ACT
PERTAINING TO ANY MATTER REFLECTED IN THE GENERAL VALUATION OR SUPPLEMENTARY VALUATION.
NOTICE OF SUPPLEMENTARY VALUATION DATED ___ / ___ / 20___**

Notes for completing this form:

1. Complete a separate form for each property review.
2. In the case of Sectional Title, a form must be completed for each section under review.
3. Delete whichever is not applicable.
4. All sections shaded in grey are mandatory, and must be completed to be a valid review form.

SECTION 1 : PROPERTY INFORMATION

1.0 DESCRIPTION OF THE PROPERTY IN RESPECT OF WHICH THE REVIEW IS MADE

ERF NUMBER/ SECTION NUMBER	PORTION	TOWNSHIP NAME/SCHEME NAME	TOWNSHIP EXT/SCHEME NO
ERF EXTENT / UNIT SIZE (m ²)	FLAT NO / DOOR NO	PHYSICAL ADDRESS	

1.1 OWNER DETAILS

NAME OF OWNER			
IDENTITY NO.		COMPANY OR CC REGISTRATION	
POSTAL ADDRESS		CODE	
TELEPHONE NO	HOME	WORK	
	CELL	FAX	
EMAIL ADDRESS (if available)			

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SECTION 2 : REVIEW DETAILS

At least one of the following must be completed to be considered.

REVIEW DETAILS	PARTICULARS AS REFLECTED IN THE GV OR SUP VALUATION ROLL	CHANGES REQUESTED
DESCRIPTION OF THE PROPERTY		
CATEGORY		
PHYSICAL ADDRESS/DOOR NO./FLAT NO.		
EXTENT		
MARKET VALUE		
NAME OF OWNER		

SECTION 3 : DECLARATION

I / WE _____ HEREBY DECLARE THAT THE INFORMATION AND PARTICULARS SUPPLIED ARE TRUE AND CORRECT.

(Date) _____ (Name/Print) _____ (Signature) _____

SECTION 4 : PROPERTY LIMITATIONS AND CONDITIONS

PROVIDE FULL DETAILS OF ALL SERVITUDES, ROADS PROCLAMATIONS OR OTHER ENDORSEMENTS AGAINST THE PROPERTY (IF APPLICABLE)

SERVITUDE NO			M ²
IN FAVOUR OF			
FOR WHAT PURPOSE			

WAS COMPENSATION PAID?	YES	NO		
IF YES: DATE OF PAYMENT			AMOUNT	R

SECTION 5 : DESCRIPTION OF RESIDENTIAL BUILDINGS

SIZE OF DWELLINGS

MAIN DWELLING		M ²	GRANNY FLAT		M ²
GARAGE		M ²	SERVANTS QUARTERS		M ²
CARPORT		M ²	OTHER		M ²
TOTAL BUILDING SIZE					M ²

GENERAL CONDITION OF PROPERTY (TICK APPROPRIATE BOX)

GOOD		AVERAGE		POOR	
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ADDITIONAL INFORMATION CAN BE PROVIDED IN SUPPORT OF THIS REVIEW BY ANNEXURES.

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SECTION 6 : SECTIONAL TITLE UNITS

NAME OF MANAGING AGENT	TEL NO.
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SIZE OF SECTION (For Market Value review, this section must be completed)

MAIN DWELLING		M ²	GRANNY FLAT		M ²
GARAGE		M ²	STORAGE		M ²
CARPORT		M ²	OTHER		M ²
TOTAL SECTION EXTENT					M²

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
STORE ROOM		M ²
GARDEN		M ²
OTHER		M ²

ADVERSE FEATURES AND/OR FURTHER REASONS IN SUPPORT OF THIS REVIEW

SECTION 7 : MARKET INFORMATION

**7.1 IF YOUR PROPERTY IS CURRENTLY ON THE MARKET:
FOR THE**

**7.2 IF YOUR PROPERTY HAS BEEN ON THE MARKET
LAST 3 YEARS:**

WHAT IS THE ASKING PRICE		R	WHAT WAS THE ASKING PRICE		R
OFFER RECEIVED		R	OFFER RECEIVED		R
NAME OF AGENT			TEL NO		

SALE TRANSACTION (OF OTHER PROPERTIES IN THE VICINITY) USED BY THE OWNER IN DETERMINING THE MARKET VALUE OF PROPERTY UNDER REVIEW. NB – For Market Value Reviews, at least one Comparable Sale must be provided as EVIDENCE

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

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SECTION 8 : PROPERTY INFORMATION ON MULTIPLE PURPOSES AND OTHER INFORMATION

ERF/ UNIT NO	Town or suburb :
How many rooms for Res :	
How many rooms B/B	
How many rooms Guest house	
Backpacker/Hostelling Establishment Rooms	
Other information	

NAME OF OWNER: _____ Consent (sign) by Owner : _____

Date : _____

Submit to Valuation section : date :	Submit to the Municipal Valuer: Date :
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Municipals Valuation Manager : Mr E D Britz : _____ : Sign : Date : _____