



APPEAL FORM: BUSINESS



Form B: Properties other than single residential or agricultural (e.g. business, factories, offices, schools)

The Chairperson of the Valuation Appeal Board

LODGING OF AN APPEAL AGAINST ANY MATTER REFLECTED IN OR OMITTED FROM THE 2020-2025 GENERAL VALUATION ROLL / SUPPLEMENTARY VALUATION ROLL

Notes for completing this form:

1. Complete a separate form for each entry appealed to and return the completed form to nmokoatsi@tswaing.gov.za or to Tswaing Local Municipal Offices (Delareyville/Sannieshof/Ottosdal/Atanelang)
2. A separate form must be completed for each sectional title unit appealed to
3. The information requirements on this form are prescribed by law. Failure to complete the appropriate fields may result in the appeal being disqualified

SECTION 1

1.0 PROPERTY INFORMATION:

		SPECIFY THE VALUATION ROLL BEING APPEALED AGAINST	
VALUATION REFERENCE NUMBER		GENERAL VALUATION ROLL	GV2016
ERF NUMBER / UNIT NUMBER		SUPPLEMENTARY VALUATION ROLL	
SUBURB / SCHEME NAME			
PHYSICAL ADDRESS			

1.2 APPEAL CATEGORY (INDICATE REASON FOR APPEAL – ONE OR MORE MAY BE COMPLETED)

INCORRECT VALUATION		OMITTED STRUCTURES		INCORRECT RATEABLE EXTENT	
PROPERTY AFFECTED BY REGISTERED RIGHTS		INCORRECT BUILDING EXTENTS		INCORRECT PHYSICAL ADDRESS	
POOR LOCATION		INCORRECT PROPERTY DESCRIPTION (ERF/UNIT)		INCORRECT POSTAL ADDRESS	
STRUCTURAL DEFECTS		INCORRECT OWNER NAME		RATES QUERY (pensioners rebate etc.)	
OMITTED PROPERTY		INCORRECT RATING CATEGORY		OTHER	

1.3 APPELLANT INFORMATION:

APPELLANT STATUS (SELECT ONE OF THE FOLLOWING)

APPELLANT IS THE OWNER	<input type="checkbox"/>	APPELLANT IS NOT THE OWNER	<input type="checkbox"/>	MUNICIPALITY IS THE APPELLANT	<input type="checkbox"/>	AUTHORISED REPRESENTATIVE OF THE APPELLANT (attach proof of authorisation)	<input type="checkbox"/>
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1.3.1 OR / REPRESENTATIVE CONTACT DETAILS:

NAME OF APPELLANT / REPRESENTATIVE							
IDENTITY NUMBER		COMPANY OR C.C REGISTRATION NO.					
POSTAL ADDRESS							
						CODE	
TELEPHONE HOME		TELEPHONE WORK					
CELLPHONE		FAX					
EMAIL ADDRESS							

SECTION 2

2.1 APPEAL DETAILS:

APPEAL TYPE	PARTICULARS AS REFLECTED IN THE VALUATION ROLL	CHANGES REQUESTED BY APPELLANT
DESCRIPTION OF PROPERTY / UNIT NO.		
RATING CATEGORY		
PHYSICAL ADDRESS / DOOR NO. / FLAT NO.		
LAND EXTENT		
MARKET VALUE		
NAME OF OWNER		

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

ANNEXURE PROVIDED: (mark with X)	YES		NO		NO OF PAGES PROVIDED AS ANNEXURE: (mark 0 (zero) if none)	
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SECTION 3

3.1 DECLARATION:

ATTENTION IS HEREBY DRAWN TO SECTION 42(2) OF THE ACT WHICH STATES THAT WHERE ANY DOCUMENT, INFORMATION OR PARTICULARS WERE NOT PROVIDED WHEN REQUIRED IN TERMS OF SUBSECTION 42(1) OF THE ACT AND THE OWNER CONCERNED RELIES ON SUCH DOCUMENT, INFORMATION OR PARTICULARS IN AN APPEAL TO AN APPEAL BOARD, THE APPEAL BOARD MAY MAKE AND ORDER AS TO COSTS IN TERMS OF SECTION 70 OF THE ACT IF THE APPEAL BOARD IS OF THE VIEW THAT THE FAILURE TO HAVE PROVIDED ANY SUCH DOCUMENT, INFORMATION OR PARTICULARS HAS PLACED AN UNNECESSARY BURDEN ON THE FUNCTIONS OF THE MUNICIPAL VALUER OR APPEAL BOARD.

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

DATE	YEAR		MONTH		DAY	
NAME				SIGNATURE		

IF A REPRESENTATIVE IS APPOINTED, PROOF OF AUTHORISATION MUST BE ATTACHED

Erf / Unit No..... Suburb/Scheme Name..... **Form**

SECTION 6 – SECTIONAL TITLE UNITS

UNIT NO.		NAME OF SCHEME		FLAT/DOOR NO.		UNIT SIZE	m ²
NAME OF MANAGING AGENT					TEL NO.		
MONTHLY LEVY	R						

(INDICATE A NUMBER OF TICK YES/NO IN APPROPRIATE BOX)

SHOPS	m ²	OTHER -	m ²
OFFICES	m ²	OTHER -	m ²
FACTORIES	m ²	OTHER -	m ²

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

SECTION 7 – MARKET INFORMATION

IF YOUR PROPERTY IS CURRENTLY ON THE MARKET WHAT IS THE ASKING PRICE	R	OFFER RECEIVED	R
IF YOUR PROPERTY HAS BEEN ON THE MARKET IN THE LAST 3 YEARS, WHAT WAS THE ASKING PRICE	R	OFFER RECEIVED	R
NAME OF AGENT		TEL NO.	

SALE TRANSACTIONS USED BY THE OR IN DETERMINING THE MARKET VALUE OF THE PROPERTY APPEALED TO (IF INSUFFICIENT SPACE PROVIDE ANNEXURE F):

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

Erf / Unit No..... Suburb/Scheme Name.....