

**FORM A: RESIDENTIAL  
(FULL TITLE AND SECTIONAL TITLE USED FOR RESIDENTIAL PURPOSES)  
BEAUFORT WEST MUNICIPALITY**



**THE CHAIRPERSON: VALUATION APPEAL BOARD**

APPEAL NUMBER:

LODGING AN APPEAL AGAINST THE DECISION OF THE MUNICIPAL VALUER REGARDING A MATTER REFLECTED IN, OR OMITTED FROM, THE GENERAL VALUATION ROLL FOR THE PERIOD 1 JULY 2024 TO 30 JUNE 2029.

**SECTION 1: APPELLANT INFORMATION**

**1.1 APPELLANT IS THE OWNER**

REGISTERED OWNER OF PROPERTY \_\_\_\_\_

IDENTITY NO. \_\_\_\_\_ COMPANY OR C.C REGISTRATION NO. \_\_\_\_\_

PHYSICAL ADDRESS OF OWNER \_\_\_\_\_ CODE \_\_\_\_\_

POSTAL ADDRESS OF OWNER \_\_\_\_\_ CODE \_\_\_\_\_

TELEPHONE NO. HOME \_\_\_\_\_ WORK \_\_\_\_\_

CELL \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**1.2 APPELLANT IS NOT THE OWNER OR MUNICIPALITY IS THE APPELLANT**

NAME OF APPELLANT \_\_\_\_\_

IDENTITY NO. \_\_\_\_\_ COMPANY OR C.C REGISTRATION NO. \_\_\_\_\_

PHYSICAL ADDRESS OF APPELLANT \_\_\_\_\_ CODE \_\_\_\_\_

POSTAL ADDRESS OF APPELLANT \_\_\_\_\_ CODE \_\_\_\_\_

TELEPHONE NO. HOME \_\_\_\_\_ WORK \_\_\_\_\_

CELL \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

STATUS OF APPELLANT (eg. Tenant, Pending Purchaser, Municipality, etc) \_\_\_\_\_

**1.3 AUTHORISED REPRESENTATIVE OF THE APPELLANT\***

NAME OF REPRESENTATIVE \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_ CODE \_\_\_\_\_

TELEPHONE NO. HOME \_\_\_\_\_ WORK \_\_\_\_\_

CELL \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**\* IF A REPRESENTATIVE IS APPOINTED, PROOF OF AUTHORISATION MUST BE ATTACHED, TO THIS FORM**

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**SECTION 2: PROPERTY DETAILS (FOR SECTIONAL TITLES SEE SECTION 4)**

PHYSICAL ADDRESS \_\_\_\_\_ CODE \_\_\_\_\_

EXTENT OF PROPERTY (m<sup>2</sup>) \_\_\_\_\_

MUNICIPAL ACCOUNT NO \_\_\_\_\_ (if available)

NAME OF BONDHOLDER \_\_\_\_\_ REGISTERED AMOUNT OF BOND \_\_\_\_\_ (if applicable)

PROVIDE FULL DETAILS OF ALL SERVITUDES, ROAD PROCLAMATIONS OR OTHER ENDORSEMENTS AGAINST THE PROPERTY (if applicable) \_\_\_\_\_

\_\_\_\_\_

SERVITUDE NO. \_\_\_\_\_ AFFECTED AREA (m<sup>2</sup>) \_\_\_\_\_

IN FAVOUR OF \_\_\_\_\_

FOR WHAT PURPOSE \_\_\_\_\_

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

**SECTION 3: DESCRIPTION OF RESIDENTIAL DWELLING ( FOR SECTIONAL TITLES SEE SECTION 4 ) ( INDICATE NUMBER OR STATE YES / NO )**

**3.1 MAIN DWELLING**

NO OF BEDROOMS \_\_\_\_\_ NO OF BATHROOMS \_\_\_\_\_ KITCHEN \_\_\_\_\_ LOUNGE \_\_\_\_\_ DINING ROOM \_\_\_\_\_

LOUNGE WITH DINING ROOM \_\_\_\_\_ STUDY \_\_\_\_\_ PLAYROOM \_\_\_\_\_ TELEVISION \_\_\_\_\_ LAUNDRY \_\_\_\_\_ SEPARATE TOILET \_\_\_\_\_

OTHER \_\_\_\_\_ OTHER \_\_\_\_\_ OTHER \_\_\_\_\_ OTHER \_\_\_\_\_

**OUTBUILDINGS**

NO. OF GARAGES \_\_\_\_\_ GRANNY FLAT/ROOMS \_\_\_\_\_ OTHER \_\_\_\_\_

SIZE OF MAIN DWELLING (m<sup>2</sup>) \_\_\_\_\_ SIZE OF OUTBUILDING (m<sup>2</sup>) \_\_\_\_\_ SIZE OF OTHER BUILDINGS (m<sup>2</sup>) \_\_\_\_\_

**OTHER (ATTACH ANNEXURE)**

SWIMMING POOL \_\_\_\_\_ BORE HOLE \_\_\_\_\_ TENNIS COURT \_\_\_\_\_ GARDEN : GOOD \_\_\_\_\_ AVERAGE \_\_\_\_\_ POOR \_\_\_\_\_

OTHER \_\_\_\_\_ OTHER \_\_\_\_\_

FENCING : FRONT \_\_\_\_\_ BACK \_\_\_\_\_ SIDE 1 \_\_\_\_\_ SIDE 2 \_\_\_\_\_

TYPE \_\_\_\_\_ HEIGHT \_\_\_\_\_

DRIVEWAY (e.g. Bricks, pavers \_\_\_\_\_ IS YOUR PROPERTY SITUATED IN A BOOMED AREA OR SECURITY YES \_\_\_\_\_ NO \_\_\_\_\_

OTHER FEATURES: \_\_\_\_\_

GENERAL CONDITION OF PROPERTY: GOOD \_\_\_\_\_ AVERAGE \_\_\_\_\_ POOR \_\_\_\_\_

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**SECTION 4: SECTIONAL TITLE UNITS**

SCHEME NO. \_\_\_\_\_ NAME OF SCHEME \_\_\_\_\_ FLAT NO./DOOR NO. \_\_\_\_\_

UNIT SIZE (m<sup>2</sup>) \_\_\_\_\_

NAME OF MANAGING AGENT \_\_\_\_\_ TEL NO. \_\_\_\_\_

INDICATE NUMBER OR STATE YES/NO

NO OF BEDROOMS \_\_\_\_\_ NO OF BATHROOMS \_\_\_\_\_ KITCHEN \_\_\_\_\_ LOUNGE \_\_\_\_\_ DINING ROOM \_\_\_\_\_

LOUNGE WITH DINING ROOM \_\_\_\_\_ STUDY \_\_\_\_\_ PLAYROOM \_\_\_\_\_ TELEVISION \_\_\_\_\_ LAUNDRY \_\_\_\_\_ SEPERATE TOILET \_\_\_\_\_

OTHER \_\_\_\_\_ OTHER \_\_\_\_\_ OTHER \_\_\_\_\_ OTHER \_\_\_\_\_

COMMON PROPERTY CONSISTS OF: DETAILS OF EXCLUSIVE AREAS

SWIMMING POOL (m<sup>2</sup>) \_\_\_\_\_ GARAGE (m<sup>2</sup>) \_\_\_\_\_

TENNIS COURT (m<sup>2</sup>) \_\_\_\_\_ CARPORT (m<sup>2</sup>) \_\_\_\_\_

OTHER (m<sup>2</sup>) \_\_\_\_\_ OPEN PARKING (m<sup>2</sup>) \_\_\_\_\_

OTHER (m<sup>2</sup>) \_\_\_\_\_ STORE ROOM (m<sup>2</sup>) \_\_\_\_\_

OTHER (m<sup>2</sup>) \_\_\_\_\_ GARDEN (m<sup>2</sup>) \_\_\_\_\_

OTHER (m<sup>2</sup>) \_\_\_\_\_

**SECTION 5: 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. \_\_\_\_\_

SALES TRANSACTIONS (OF OTHER PROPERTIES IN THE VICINITY) USED BY APPELLANT IN DETERMINING THE MARKET VALUE OF THE PROPERTY APPEALED TO

ERF/UNIT NO. \_\_\_\_\_ SUBURB/FARM/SCHEME NAME \_\_\_\_\_

DATE OF SALE \_\_\_\_\_ SELLING PRICE \_\_\_\_\_

**SECTION 6: APPEAL DETAILS**

PARTICULARS AS REFLECTED IN VALUATION ROLL    CHANGES REQUESTED BY APPELLANT

DESCRIPTION OF THE PROPERTY/UNIT NO. \_\_\_\_\_

PHYSICAL ADDRESS . \_\_\_\_\_

CATEGORY \_\_\_\_\_

EXTENT \_\_\_\_\_

MARKET VALUE \_\_\_\_\_

WITH EFFECT DATE \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_

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

\_\_\_\_\_

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**SECTION 7: 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 AN ORDER AS TO COSTS IN TERMS OF SECTION 70 OF THE ACT IF THE APPEAL BOARD IS OF THE VIEW THAT THE FAILURE TO SO HAVE PROVIDED ANY SUCH DOCUMENT, INFORMATION OR PARTICULARS HAS PLACED AN UNNECESSARY BURDEN ON THE FUNCTIONS OF THE MUNICIPAL VALUER OR THE APPEAL BOARD.

I / WE \_\_\_\_\_ HEREBY DECLARE THAT THE INFORMATION AND PARTICULARS SUPPLIED  
ARE TRUE AND CORRECT  
DATE YEAR \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**OFFICIAL USE**

**SECTION 8: DECISION OF THE VALUATION APPEAL BOARD**

DESCRIPTION OF THE PROPERTY/UNIT NO. \_\_\_\_\_ CATEGORY \_\_\_\_\_

PHYSICAL ADDRESS/DOOR NO/FLAT NO. \_\_\_\_\_ EXTENT \_\_\_\_\_

MARKET VALUE \_\_\_\_\_ NAME OF OWNER \_\_\_\_\_

With Effect Date YEAR \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_

REASONS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of the Chairperson: Valuation Appeal Board \_\_\_\_\_

DATE: YEAR \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**SECTION 9: NOTIFICATION OF OUTCOME**

SIGNATURE

PRINT NAME

DATE

VALUATION ROLL ADJUSTED \_\_\_\_\_

APPELLANT NOTIFIED \_\_\_\_\_

OWNER NOTIFIED \_\_\_\_\_