|      |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                     |               | овјестон но                         |                     | -           |
|------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------|---------------|-------------------------------------|---------------------|-------------|
|      | UNICIPAL MAN                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | alihi                                       |                     |               |                                     |                     | <del></del> |
|      | LODGING OF<br>ROLLISUPPLE<br>*Debits whiche                                                                                   | F AN OBJEC<br>EMENTARY<br>ver is not app                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CTION AGAINS<br>VALUATION R                 | ROLL* FOR TI        | HE PERIOD 1 - | IN OR OMITTED FROM                  | M THE VA<br>anul 01 | LUATION     |
|      | ERF/UNIT NO.                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                     | รบอนสอ/       | SCHEME<br>NAME                      | ** ****             |             |
| ctio | N 1; OBJECTOF<br>OBJECTOR IS TO                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ÓN                                          | <u></u>             |               |                                     |                     |             |
|      | REGISTERED ON                                                                                                                 | VHER OF PRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PERTY                                       |                     |               | COMPANY OR C.C.                     |                     |             |
|      | PHYSICAL ADDR<br>OF OVINER                                                                                                    | ESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                     |               |                                     |                     | CODE        |
|      | POSTAL ADORES                                                                                                                 | 35 OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |                     |               |                                     |                     | CODE        |
|      | TELEPHONE NO.                                                                                                                 | :<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | HONE                                        | }                   |               | WORK                                | 1_                  |             |
|      | CELL                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                     |               | FAXROLL                             | )                   |             |
|      | E-MAIL ADDRESS                                                                                                                | s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |                     |               |                                     |                     |             |
|      | OBJECTOR IS N                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | R OR MUNICIPAL                              | . 50 3HT & YTJ.     | ECTOR         |                                     |                     |             |
| -    | OBJECTOR IS N<br>NAME OF OBJEC                                                                                                | OT THE OWNE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | R OR MUNICIPAL                              | LEO BHT & YTJ.      | ECTOR         |                                     |                     |             |
| -    |                                                                                                                               | OT THE OWNE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | R OR MUNICIPAL                              | LEO BHT & YTL       | ECTOR         | COMPANY OR C.C.<br>RECISTRATION NO. |                     |             |
|      | -rang of objec                                                                                                                | ACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | R OR MUNICIPAL                              | LTO SHT & YT        | EGTOR         | COMPANY OR C.C.<br>RECUSTRATION NO. |                     | cope        |
| -    | HAME OF OBJECT IDENTITY IND. POSTAL ADDRES                                                                                    | OT THE OWNE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | R OR MUNICIPAL                              | , TY is THE 08.1    | EGTOR         | COMPANY OR C.C.<br>RECUSTRATION NO. |                     | cope        |
|      | NAME OF OBJECT<br>IDENTITY NO.<br>POSTAL ADDRESS<br>OBJECTOR                                                                  | OT THE OWNE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             | )<br>(100 BHT 81 YI | EGTOR         | REGISTRATION NO.                    | )                   | CODE        |
|      | NAME OF OBJECT IDENTITY NO. POSTAL ADDRES DBJECTOR TELEPHONE NO CELL E-MAIL ADDRES                                            | SS OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | HOME                                        |                     |               | RECUSTRATION NO.                    | ,                   | C00e        |
|      | NAME OF OBJECT IDENTITY NO. POSTAL ADDRES DBJECTOR TELEPHONE NO CELL E-MAIL ADDRES                                            | SS OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |                     |               | RECUSTRATION NO.                    | <u> </u>            | CODE        |
|      | NAME OF OBJECT IDENTITY IND. POSTAL ADDRES OBJECTOR TELEPHONE NO CELL E-MAIL ADDRESS STATUS OF OBJ                            | SS OF SCHOOL STORE STORE STORE SCHOOL SCHOOL STORE SCHOOL STORE SCHOOL SCHOO | HOME                                        | vohasa, Liurida     |               | RECUSTRATION NO.                    |                     | CODE        |
|      | NAME OF OBJECT  IDENTITY INC.  POSTAL ADDRES  OBJECTOR  TELEPHONE NO  CELL  E-MAN ADDRES  STATUS OF OBJ  AUTHORISED RE        | SS OF SECTOR (G.G., J.)  SECTOR (G.G., J.)  SECTOR (G.G., J.)  SECTOR (G.G., J.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | HOME                                        | vohasa, Liurida     |               | RECUSTRATION NO.                    |                     | CODE        |
|      | NAME OF OBJECT IDENTITY NO. POSTAL ADDRES DBJECTOR  TELEPHONE NO CELL E-MAIL ADDRES STATUS OF OBJ AUTHORISED RE NAME OF REPRE | SS OF SECTOR (G.S. J. SECTOR ( | HOME                                        | vohasa, Liurida     |               | RECUSTRATION NO.                    |                     |             |
|      | NAME OF OBJECT IDENTITY NO. POSTAL ADDRES OBJECTOR  TELEPHONE NO CELL E-MAR. ADDRES STATUS OF OBJ AUTHORISED RI NAME OF REPRI | SS OF SECTOR (G.S. J. SECTOR ( | HOME<br>Drum), Pending Pu<br>VE OF THE OBJE | vohasa, Liurida     |               | WORK FAX NO.                        |                     |             |

# FORM A: RESIDENTIAL (FULL TITLE AND SECTIONAL TITLE USED FOR RESIDENTIAL PURPOSES)

| on 2: Prope                                | RTY DETAILS                                                                             | (FOR SECT                       | HONAL THILES S             | SEE SECTION 4)                                                             |                                              |                                                    |                |
|--------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------|----------------------------|----------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------|----------------|
| PHYSICAL A                                 | opress                                                                                  |                                 |                            |                                                                            |                                              |                                                    | CODE           |
|                                            | 25/000                                                                                  |                                 |                            |                                                                            |                                              |                                                    |                |
| extent of<br>Property                      |                                                                                         |                                 | m <sub>s</sub>             |                                                                            |                                              |                                                    |                |
| MUNICIPAL A                                | CCOUNT                                                                                  |                                 |                            | (# avetable)                                                               |                                              |                                                    |                |
| NAME OF BO                                 | NO HOLDER                                                                               | REGISTERE                       | DAMOUNT OF BO              | DIAC                                                                       | ( if applicable                              | <b>-1</b>                                          |                |
|                                            |                                                                                         |                                 |                            |                                                                            | / methreen                                   | ~1                                                 |                |
| 0.0010025                                  | AL DETAILS OF ALL SERV                                                                  | THOSE ROADP                     | ROCLAMATIONS (             | OR OTHER ENDOR                                                             | SEMENTS                                      |                                                    |                |
| AGARIST TH                                 | E PROPERTY (If applicable                                                               | }                               |                            |                                                                            |                                              |                                                    |                |
| L                                          |                                                                                         |                                 |                            | <del></del>                                                                |                                              |                                                    |                |
| SERVITUDE                                  | NO.                                                                                     |                                 |                            | AFFEC                                                                      | TED AREA                                     |                                                    | m <sup>2</sup> |
| IN FAVOUR                                  | OF .                                                                                    |                                 |                            | , <u> </u>                                                                 |                                              |                                                    |                |
| FOR WHAT                                   |                                                                                         | -                               |                            |                                                                            |                                              |                                                    |                |
|                                            |                                                                                         | YES                             | NO                         |                                                                            | ············                                 | <del>, , ,, _ , _ , _ , _ , _ , _ , _ , _ , </del> |                |
| IF YES:-                                   | ENSATION PAID                                                                           | 1                               |                            | THUOMA                                                                     | R                                            |                                                    |                |
|                                            | DATE OF PAYMENT                                                                         | <u> </u>                        | TOO PEOPLONI               | <del></del>                                                                | ECTION 4)                                    |                                                    |                |
| ON 3; DESCE                                | RIPTION OF RESIDENTIA<br>NUMBER OR STATE YES                                            | al dwelling 1<br>No in appropre | , fur sections<br>ate box) | C MILLO OLL D.                                                             |                                              |                                                    |                |
| MAIN DYVEL                                 | THE                                                                                     | <del></del>                     |                            |                                                                            |                                              |                                                    | <del></del> ,  |
| NO. OF BED                                 | ROOMS                                                                                   | NO, OF BA                       | THROOMS<br>UTH DHING       | KITCHEN                                                                    |                                              | LOUNGE                                             |                |
| DINING ROX                                 | Ora                                                                                     | ROOM                            |                            | STUDY<br>SEPARATE                                                          | 46                                           | PLAYROOM                                           |                |
| TELEVISIO                                  | ROOM:                                                                                   | LAUHORY                         |                            | TOILET                                                                     |                                              |                                                    |                |
| OTHER                                      |                                                                                         |                                 |                            | OTHER                                                                      |                                              |                                                    |                |
| OTHER                                      |                                                                                         |                                 |                            | OTHER                                                                      | <u>                                     </u> |                                                    |                |
|                                            | was                                                                                     |                                 | •                          |                                                                            |                                              |                                                    |                |
| OUTBUILD                                   | 1433                                                                                    |                                 | 1                          | SIZE OF MA                                                                 | JN<br>-                                      |                                                    |                |
|                                            |                                                                                         |                                 | 1                          |                                                                            |                                              |                                                    |                |
| NO. OF GA                                  | RAGES                                                                                   |                                 | 4                          |                                                                            | TENTH DING                                   | 1                                                  |                |
|                                            | RAGES<br>LATIROOMS                                                                      |                                 | -                          | SIZE OF OU                                                                 | HER                                          |                                                    | <del></del>    |
|                                            |                                                                                         |                                 |                            | SIZE OF OU<br>SIZE OF OT<br>BUILDINGS                                      | HER                                          |                                                    |                |
| GRANNY FOR THE STATE OTHER BU              |                                                                                         | URE)                            |                            | SIZE OF OU<br>SIZE OF OT<br>BUILDINGS                                      | HER                                          |                                                    |                |
| GRANNY F                                   | AT/ROOMS                                                                                | URE)                            | TENNIS COURT               | SIZE OF OU<br>SIZE OF OT<br>BUILDINGS<br>TOTAL BUI                         | HER<br>LDING SIZE                            |                                                    | }              |
| GRANNY FOR THE STATE OTHER BU              | LATIROOMS                                                                               | URE)                            | TENNIS COURT               | SIZE OF OU<br>SIZE OF OT<br>BUILDINGS                                      | HER                                          |                                                    |                |
| GRANNY FOR THE STATE OTHER BU              | LOINGS (ATTACH ANNEX SWIMMING POOL BORE HOLE                                            | URE)                            | 1                          | SIZE OF OU<br>SIZE OF OT<br>BUILDINGS<br>TOTAL BUI                         | HER<br>LDING SIZE                            |                                                    | ]              |
| GRANNY F<br>OTHER<br>OTHER BU<br>OTHER:    | ALCINGS (ATTACH ANNEX SWIMMING POOL BOREHOLE OTHER                                      |                                 | GAROEN<br>OTHER            | SIZE OF OU<br>SIZE OF OU<br>BUILDINGS<br>TOTAL BUIL<br>GOOD                | HER<br>LDING SIZE                            |                                                    | ]              |
| GRANNY FOR THE STATE OTHER BU              | ALCINGS (ATTACH ANNEX SWIMMING POOL BOREHOLE OTHER                                      | URE)                            | GARDEN                     | SIZE OF OU<br>SIZE OF OU<br>BUILDINGS<br>TOTAL BUIL<br>GOOD                | HER LONG SIZE AVERAGE                        | PÓOR                                               | <u></u>        |
| GRANNY F<br>OTHER<br>OTHER BU<br>OTHER:    | ALCINGS (ATTACH ANNEX SWIMMING POOL BOREHOLE OTHER                                      |                                 | GAROEN<br>OTHER            | SIZE OF OU<br>SIZE OF OU<br>BUILDINGS<br>TOTAL BUIL<br>GOOD                | HER LONG SIZE AVERAGE                        | PÓOR                                               | ]              |
| GRANNY FOUNTER BUTHER BUTHER:              | AT/ROOMS  ILCINGS (ATTACH ANNEX SYMMANG POOL BORE HOLE OTHER  TYPE HEIGHT               |                                 | GARDEN<br>OTHER<br>BACK    | SIZE OF OU<br>SIZE OF OU<br>BUILDINGS<br>TOTAL BUY<br>GOOD                 | AVERAGE                                      | POOR SIO                                           |                |
| GRANNY FOUNTER BUTHER BUTHER:              | ATTROOMS  ALCINGS (ATTACH ANNEX SWIMMING POOL BORE HOLE OTHER                           |                                 | OTHER BACK                 | SIZE OF OU<br>SIZE OF OU<br>BUILDINGS<br>TOTAL BUIL<br>GOOD                | LONG SIZE AVERAGE DE 1                       | POOR SIO                                           | E2             |
| GRANNY FOUNTER BUTHER BUTHER:              | ALCINGS (ATTACH ANNEX SWIMMING POOL BOREHOLE OTHER TYPE HEIGHT Y. (e.g. Bricks, pavers) |                                 | OTHER BACK                 | SIZE OF OU<br>SIZE OF OU<br>SIZE OF OU<br>BUILDINGS<br>TOTAL BUIL<br>GOOD. | LONG SIZE AVERAGE DE 1                       | POOR SIO                                           |                |
| GRANNY FOUTHER BUTHER:  FENCING:  DRIVE WA | ATURES:                                                                                 | FRONT                           | GARDEN OTHER BACK IS Y     | SIZE OF OU<br>SIZE OF OU<br>SIZE OF OU<br>BUILDINGS<br>TOTAL BUIL<br>GOOD. | LONG SIZE AVERAGE DE 1                       | POOR SIO                                           |                |
| GRANNY FOUTHER BUTHER:  FENCING:  DRIVE WA | ALCINGS (ATTACH ANNEX SWIMMING POOL BOREHOLE OTHER TYPE HEIGHT Y. (e.g. Bricks, pavers) | FRONT                           | OTHER BACK                 | SIZE OF OU<br>SIZE OF OU<br>SIZE OF OU<br>BUILDINGS<br>TOTAL BUIL<br>GOOD. | LONG SIZE AVERAGE DE 1                       | POOR SIO                                           |                |

## FORM A: RESIDENTIAL (FULL TITLE AND SECTIONAL TITLE USED FOR RESIDENTIAL PURPOSES)

| SCHEME<br>NO.                                                                 | NAME OF SCHE     | Æ                                       |                          | FLAT NO.<br>DOOR NO.     | (                                     | UNIT SIZE                  |         |
|-------------------------------------------------------------------------------|------------------|-----------------------------------------|--------------------------|--------------------------|---------------------------------------|----------------------------|---------|
| NAME OF MANAGING<br>AGENT                                                     | 1                |                                         |                          | <del></del>              | TEL NO.                               | ŗ                          |         |
| INDICATE NUMBER O                                                             | R STATE YESINO I | N APPROPRITE BOX                        |                          | ··········               | · · · · · · · · · · · · · · · · · · · | Y 24                       |         |
| NO OF BEDROOMS                                                                |                  | NO OF BATHROOMS                         | KITCHEN                  | 1                        | LOUNGE                                |                            |         |
| DIMING ROOM                                                                   |                  | LOUNGE WITH DINING<br>ROOM              | STUDY                    |                          | PLAYROOM                              |                            |         |
| TELEVISION ROOM                                                               |                  | LAUNDRY                                 | SEPARATE<br>TOILET       |                          |                                       |                            |         |
| отнея                                                                         |                  | · , , , , , , , , , , , , , , , , , , , | OTHER                    |                          |                                       |                            |         |
| OTHER                                                                         |                  |                                         | OTHER                    | <u> </u>                 | · · · · · · · · · · · · · · · · · · · |                            |         |
| MONTHLY LEVY                                                                  | Ŕ                |                                         | DETAILS O                | F EXCLUSIVE              | USE AREAS                             |                            |         |
| COMMON PROPERTY                                                               |                  |                                         | GARAGE                   | <u> </u>                 | 7                                     | ni²                        |         |
| SWIMMENG POOL                                                                 |                  |                                         | CARFORT                  |                          |                                       | ω <del>,</del>             |         |
| TENNIS COURT                                                                  |                  |                                         | OPEN<br>FARKING          |                          |                                       | m²                         |         |
| OTHER                                                                         | 1                |                                         | STORE                    |                          |                                       | ıq"                        |         |
| ONER                                                                          |                  |                                         | GARDEN                   |                          |                                       |                            |         |
| OTHER_                                                                        |                  |                                         | OTHER                    |                          |                                       | m <sup>1</sup>             |         |
| ON 5: MARKET INFORM                                                           | 4271033          | <del></del>                             | 1                        | ł                        | I                                     | 113°                       |         |
|                                                                               |                  |                                         |                          |                          |                                       |                            |         |
| IF YOUR PROPERTY IS<br>WHAT IS THE ASKING F                                   | CURRENILY ON TO  | HE MARKET                               | IF-YOUR PR<br>THE LAST 3 | OPERTY HAS<br>YEARS WHA  | S BEEN ON TH                          | ie Market i<br>Isking pric | N<br>Æ? |
| R                                                                             |                  |                                         | ļ                        | R                        | ·-·-                                  |                            |         |
| OFFER<br>RECEIVED R                                                           |                  |                                         | OFFER<br>RECEIVED        | R                        | · · · · · · · · · · · · · · · · · · · |                            |         |
| NAME OF AGENT                                                                 |                  | <del> </del>                            | TEL NO.                  | <del></del>              | , <del>n</del>                        |                            |         |
| •                                                                             | OF OTHER SPACE   | RTIES IN THE VICINITY) USED B           |                          | n north                  | muso.                                 | <del></del> ,}             |         |
| THE MARKET VALUE OF                                                           | PROPERTY OBJE    | CTED TO                                 | I INCODJECION            | CHA DE LEKM              | INING                                 |                            |         |
| ERF/UNIT NO.                                                                  | ŚUE              | iurbischeme name                        | DATEO                    | FISALE                   | SELLING                               | RICE                       |         |
|                                                                               | <del></del>      |                                         |                          | _,                       |                                       |                            |         |
| <u></u>                                                                       |                  |                                         |                          |                          |                                       |                            |         |
|                                                                               |                  |                                         |                          |                          |                                       |                            |         |
| ON 6: OBJECTION DETA                                                          | HLS              |                                         |                          | <del>,1</del>            | ·                                     |                            |         |
| ··· - 1 + 11 + 11 + 12 + 12 + 13 + 13 + 14 + 15 + 15 + 15 + 15 + 15 + 15 + 15 |                  | PARTICULARS AS REFLECTED                | CHANGES RE               | QUESTED 8                | YOBJECTOR                             |                            |         |
| DESCRIPTION OF THE                                                            | PROPERTY/UNIT    | IN THE VALUATION ROLL                   |                          |                          |                                       |                            |         |
| CATEGO                                                                        | RY               |                                         |                          | <del>, , ,,,,</del> ,,,, |                                       |                            |         |
| PHYSICAL ADDRESSAX                                                            | ON TAJFLON ROK   |                                         |                          |                          |                                       |                            |         |
| EXTEN                                                                         | r                |                                         |                          |                          |                                       |                            |         |
| MARKET V                                                                      | ALUE             |                                         |                          |                          |                                       |                            |         |
| NAME OF O                                                                     | //NER            |                                         |                          | <del>^</del> ~~,         |                                       |                            |         |
|                                                                               |                  | SASANS IN CHOROTOS AS THE               | OBJECTION JANS           | EYHDES CAI               | ななら ひゅういん                             | -61                        |         |
| ADVERSE PEATURES AN                                                           | IDIOR FURTHER R  | SANOKS IN SUFFORT OF 1415               |                          | ENVIRED DAG              | A OF PROVIDE                          | ≑IJţ                       |         |

## FORM A: RESIDENTIAL (FULL TITLE AND SECTIONAL TITLE USED FOR RESIDENTIAL PURPOSES)

### 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 RECURRED 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 ANY 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

| {/WE                                                 | HEREBY DECLARE THAT THE | INFORMATION AND |
|------------------------------------------------------|-------------------------|-----------------|
| PARTICULARS SUPPLIED ARE TRUE AND CO                 | RRECT.                  |                 |
| YEAR MONTH D                                         | AY.                     |                 |
| DATE:                                                | SI                      | SNATURE         |
| •                                                    | •                       |                 |
| OFFICIAL USE                                         |                         |                 |
| SECTION 8: DECISION OF MUNICIPAL VALUER              |                         |                 |
| DESCRIPTION OF THE PROPERTY/UNIT NO.                 |                         |                 |
| CATEGORY                                             |                         |                 |
| PHYSICAL ADDRESS/DOOR NO/FLAT NO.                    |                         |                 |
| EXTENT                                               |                         |                 |
| MARKET VALUE                                         |                         |                 |
| NAME OF OWNER                                        |                         |                 |
| REASONS OF THE MUNICIPAL VALUER                      |                         |                 |
|                                                      |                         |                 |
|                                                      |                         |                 |
|                                                      |                         |                 |
|                                                      |                         |                 |
|                                                      |                         |                 |
|                                                      |                         |                 |
|                                                      |                         |                 |
|                                                      |                         | YEAR MONTH DAY  |
| HAME OF MUNICIPAL VALUER/ ASSISTANT MUNICIPAL VALUER |                         |                 |
| 'Delete whichovar is not applicable<br>SIGNATURE:    |                         | DATE            |
|                                                      |                         |                 |
| SECTION 8: HOTIFICATION OF OUTCOME                   |                         |                 |
|                                                      | SIGNATURE DATE          |                 |
| VALUATION ROLL ADJUSTED                              |                         |                 |
| OBJECTOR NOTIFIED                                    |                         |                 |
| 1 <del>-</del>                                       | l                       |                 |
| OWNER NOTIFIED                                       |                         |                 |
| OWNER NOTIFIED  SECTION 62(1)(a) WHERE APPLICABLE    |                         |                 |

| FOR  | M B: PROPERTIES OTHER THAN RESIDENTIAL OR AGRICULTURAL (6.9 businesses, factories, 6 objection no                                                            | offices, schools) |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| THE  | MUNICIPAL MANAGER                                                                                                                                            |                   |
|      | LODGING OF AN OBJECTION AGAINST A MATTER REFLECTED IN OR OMITTED FROM THE ROLUSUPPLEMENTARY VALUATION ROLL! FOR THE PERIOD 1 JULY                            | VALUATION<br>E    |
|      | DESCRIPTION OF PROPERTY IN RESPECT OF WHICH THE OBJECTION IS MADE  (COMPLETE A SEPARATE FORM FOR EACH ENTRY OBJECTED TO)  ERF/PORTION/UNIT  NO.  FARM/SCHEME |                   |
| SECT | ION 1: OBJECTOR INFORMATION FARM NO. REG. E                                                                                                                  | NV                |
| 1,1  | OBJECTOR IS THE OWNER                                                                                                                                        |                   |
|      | registered divner of property                                                                                                                                |                   |
|      | IDENTITY NO, REGISTRATION NO.                                                                                                                                |                   |
|      | PHYSICAL ADDRESS OF OWNER                                                                                                                                    | CODE              |
|      | POSTAL ADDRESS OF DIVNER                                                                                                                                     | CODE              |
|      | TELEPHONE NO.: HOME ( ) WORK (                                                                                                                               | )                 |
|      | CELL FAX.NO.                                                                                                                                                 | _)                |
|      | E-MAIL ADDRESS                                                                                                                                               |                   |
| 1.2  | OBJECTOR IS NOT THE OWNER OR MUNICIPALITY IS THE OBJECTOR                                                                                                    |                   |
|      | NAME OF OBJECTOR:                                                                                                                                            |                   |
|      | IDENTITY NO. COMPANY OR C.C. REGISTRATION NO.                                                                                                                |                   |
|      | POSTAL ADDRESS OF OBJECTOR                                                                                                                                   | CODE              |
|      | TELEPHONE NO: HOME WORK                                                                                                                                      |                   |
|      | CELL FAX NO. (1                                                                                                                                              | )                 |
|      | E-WAIL ADDRESS                                                                                                                                               |                   |
|      | STATUS OF OBJECTOR (e.g. Tensor, Pending Purchases, Munxipably Bic)                                                                                          |                   |
| 1.3  | Authorised regresentative of the objector                                                                                                                    |                   |
|      | NAVE OF REPRESENTATIVE:                                                                                                                                      |                   |
|      | POSTAL ADDRESS                                                                                                                                               | CODE              |
|      | TELEPHONENO: HOME ( ) WORK (                                                                                                                                 | }                 |
|      | CEUL FAX NO [                                                                                                                                                | )                 |
|      | E-MAIL ADDRESS                                                                                                                                               |                   |
| ı    | IF A REPRESENTATIVE IS APPOINTED, PROOF OF AUTHORISATION MUST BE ATTAC<br>Complete: Envunit No Area/Scheme Name                                              | CHED              |

PLEASE COMPLETS THE BOTOM OF EACH PAGE

| 2: PROPERTY DEVAIL                                                                                                                    | . <u>s</u>                                                                  | FOR SECTIONAL TITL                                                                                                        | ES SEE SECTION 4                                                                                         | <u>l</u>                | ·           | 7 1           |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------|-------------|---------------|
| ceanuvi                                                                                                                               |                                                                             |                                                                                                                           |                                                                                                          |                         |             | CODE          |
| of [                                                                                                                                  |                                                                             | m*                                                                                                                        |                                                                                                          |                         |             |               |
|                                                                                                                                       |                                                                             |                                                                                                                           | <del></del>                                                                                              |                         |             |               |
| CCOUNT                                                                                                                                |                                                                             | <u> </u>                                                                                                                  | (flavaloble                                                                                              | 1)                      |             |               |
| IAME OF BOND HOLDER                                                                                                                   |                                                                             | REGISTERED AMOUNT C                                                                                                       | F SOND                                                                                                   | (if applical            | t/e)        |               |
|                                                                                                                                       |                                                                             |                                                                                                                           |                                                                                                          | J                       |             |               |
| ROVIDE FLAL DETAILS (<br>GAINST THE PROPERTY                                                                                          | OF ALL SERVITUE<br>(If popules bue)                                         | DES, ROAD PROCLAMATIO                                                                                                     | NS OR OTHER ENDO                                                                                         | RSENENTS                | AGAINST TH  | E PROPERTY    |
| <del></del>                                                                                                                           |                                                                             |                                                                                                                           |                                                                                                          |                         | F           |               |
| ERVITUDE NO                                                                                                                           |                                                                             | 4                                                                                                                         | AFFECTED ARE                                                                                             | Α                       | .]          |               |
| I FAVOUR OF                                                                                                                           |                                                                             | Control of the second of the second                                                                                       |                                                                                                          |                         |             |               |
| OR WHAT PURPOSE                                                                                                                       |                                                                             |                                                                                                                           |                                                                                                          | *******                 |             |               |
| VAS COMPENSATION PA                                                                                                                   | iÔ                                                                          | YES NO                                                                                                                    |                                                                                                          |                         |             |               |
| YES:-<br>DATE OF PAY                                                                                                                  | MENT                                                                        |                                                                                                                           | AMOUNT                                                                                                   | R                       | <u> </u>    |               |
| NFORMATION UNDER 3.                                                                                                                   | 1 TO 1.4 TO BE                                                              | ectional title comple<br>Supplied by Means of A                                                                           | UNEXURES AS FOLL                                                                                         | OWS}                    |             |               |
| ENANT AND RENT INF                                                                                                                    | ORMATION - A                                                                | NNEXURE A                                                                                                                 |                                                                                                          |                         | <del></del> |               |
| NAME OF TENANT                                                                                                                        | 51ZE                                                                        | RENTAL (EXCL VAT)                                                                                                         | FRENTAL ICONTRIBU                                                                                        | TION                    | 1           | SE START DATE |
| NAME OF TEMANT<br>SCHEDULE OF EXPENS                                                                                                  | SIZE<br>SES INCLUDINO                                                       | RENTAL (EXCL VAT) E<br>0<br>3: MUNICIPAL, ADMINIS                                                                         | Frental (Contribu<br>Tration, Insulvan                                                                   | ces, seci               | JRITY atc   | 1             |
| NAME OF TEMANT<br>SCHEDULE OF EXPENS                                                                                                  | SIZE<br>SES INCLUDINO                                                       | RENTAL (EXCL VAT)                                                                                                         | Frental (Contribu<br>Tration, Insulvan                                                                   | ces, seci               | JRITY atc   | 1             |
| NAME OF TEMANT SCHEDULE OF EXPENS STATEMENT OF INCOM                                                                                  | ES INCLUDINO                                                                | RENTAL (EXCL VAT) E<br>0<br>3: MUNICIPAL, ADMINIS                                                                         | Frental (Contribu<br>Tration, Insulvan                                                                   | ces, seci               | JRITY atc   | 1             |
| MAIR OF TEMANT<br>SCHEOULE OF EXPENS<br>STATEMENT OF INCOM<br>SUILDING SIZES ~ANNI                                                    | SIZE<br>SES INCLUDINO<br>ME & EXPENDIT<br>EXURE D                           | REMAL (EXCL VAT) E  MUNICIPAL, ADMINIS  URE FOR PREVIOUS FI  DESCRIPTION 0.9 0304 8                                       | frenti <u>Icontribl</u><br>Tration, insuitan<br>Nancial Year - An                                        | ices, sect<br>Inexure ( | JRITY atc   | 1             |
| CHEQUE OF EXPENS STATEMENT OF INCOM SUILDING SIZES -AMN SUILDING NO.                                                                  | SIZE  SES INCLUDING  THE & EXPENDIT  EXURE D  SIZE M  OT BEEN DEVEL         | REMIAL (EXCL VAT) 6 3: MUNICIPAL, ADMINIS URE FOR PREVIOUS FI DESCRIPTION 0.9 0904 8 10/100 016 0PED TO ITS HIGHEST A     | FRENTAL (CONTRIBL<br>TRATION, INSUITAN<br>NANCIAL YEAR - AN<br>FRISHOP, CONDITIO                         | N ,                     | JRITY atc   | ANNEXURE B    |
| SCHEQULE OF EXPENS STATEMENT OF INCOM SUILDING SIZES ~ANN SUILDING NO.                                                                | SIZE  SES INCLUDING  THE & EXPENDIT  EXURE D  SIZE M  OT BEEN DEVEL         | REMIAL (EXCL VAT) 6 3: MUNICIPAL, ADMINIS URE FOR PREVIOUS FI DESCRIPTION 0.9 0904 8 10/100 016 0PED TO ITS HIGHEST A     | FRENTAL (CONTRIBL<br>TRATION, INSUITAN<br>NANCIAL YEAR - AN<br>BRISTON, CONDITION<br>TO BEST USE, INDICA | N ,                     | JRITY atc   | ANNEXURE B    |
| CHEQULE OF EXPENS STATEMENT OF INCOM SUILDING SIZES -ANN SUILDING NO. FILE PROPERTY HAS NO STATES AVAILABLE FOR I                     | SIZE SES INCLUDING HE & EXPENDIT EXURE D SIZE M OT BEEN DEVEL FURTHER DEVEL | REMIAL (EXCL VAT) 0 3: MUNICIPAL, ADMINIS FURE FOR PREVIOUS FI DESCRIPTION 0.9 0900 0 10/10/0 010 0 DED TO ITS HIGHEST AN | FRENTAL CONTRIBL TRATION, INSUITAN NANCIAL YEAR - AN R R Shop, CONDITIO TO BEST USE, INDICAT             | N ,                     | JRITY atc   | ANNEXURE B    |
| CHEQUE OF EXPENS SCHEQUE OF EXPENS STATEMENT OF INCOM SUILDING SIZES -ANNI SUILDING NO. FITHE PROPERTY HAS NO DIAT IS AVAILABLE FOR I | SIZE SES INCLUDING HE & EXPENDIT EXURE D SIZE M OT BEEN DEVEL FURTHER DEVEL | REMIAL (EXCL VAT) 6 3: MUNICIPAL, ADMINIS URE FOR PREVIOUS FI DESCRIPTION 0.9 0904 8 10/100 016 0PED TO ITS HIGHEST A     | FRENTAL CONTRIBL TRATION, INSUITAN NANCIAL YEAR - AN R R Shop, CONDITIO TO BEST USE, INDICAT             | N ,                     | JRITY atc   | ANNEXURE B    |
| CHEQULE OF EXPENS STATEMENT OF INCOM SUILDING SIZES -ANN SUILDING NO. FILE PROPERTY HAS NO STATES AVAILABLE FOR I                     | SIZE SES INCLUDING HE & EXPENDIT EXURE D SIZE M OT BEEN DEVEL FURTHER DEVEL | REMIAL (EXCL VAT) 0 3: MUNICIPAL, ADMINIS FURE FOR PREVIOUS FI DESCRIPTION 0.9 0900 0 10/10/0 010 0 DED TO ITS HIGHEST AN | FRENTAL CONTRIBL TRATION, INSUITAN NANCIAL YEAR - AN R R Shop, CONDITIO TO BEST USE, INDICAT             | N ,                     | JRITY atc   | ANNEXURE B    |
| CHEQULE OF EXPENS STATEMENT OF INCOM SUILDING SIZES -ANN SUILDING NO. FILE PROPERTY HAS NO STATES AVAILABLE FOR I                     | SIZE SES INCLUDING HE & EXPENDIT EXURE D SIZE M OT BEEN DEVEL FURTHER DEVEL | REMIAL (EXCL VAT) 0 3: MUNICIPAL, ADMINIS FURE FOR PREVIOUS FI DESCRIPTION 0.9 0900 0 10/10/0 010 0 DED TO ITS HIGHEST AN | FRENTAL CONTRIBL TRATION, INSUITAN NANCIAL YEAR - AN a shop, CONDITIO TO BEST USE, INDICAT               | N ,                     | JRITY atc   | ANNEXURE B    |
| CHEQULE OF EXPENS STATEMENT OF INCOM SUILDING SIZES -ANN SUILDING NO. STHE PROPERTY HAS NO SHAT IS AVAILABLE FOR I                    | SIZE SES INCLUDING HE & EXPENDIT EXURE D SIZE M OT BEEN DEVEL FURTHER DEVEL | REMIAL (EXCL VAT) 0 3: MUNICIPAL, ADMINIS FURE FOR PREVIOUS FI DESCRIPTION 0.9 0900 0 10/10/0 010 0 DED TO ITS HIGHEST AN | FRENTAL CONTRIBL TRATION, INSUITAN NANCIAL YEAR - AN a shop, CONDITIO TO BEST USE, INDICAT               | N ,                     | JRITY atc   | ANNEXURE B    |
| CHEQULE OF EXPENS STATEMENT OF INCOM SUILDING SIZES -ANN SUILDING NO. STHE PROPERTY HAS NO SHAT IS AVAILABLE FOR I                    | SIZE SES INCLUDING HE & EXPENDIT EXURE D SIZE M OT BEEN DEVEL FURTHER DEVEL | REMIAL (EXCL VAT) 0 3: MUNICIPAL, ADMINIS FURE FOR PREVIOUS FI DESCRIPTION 0.9 0900 0 10/10/0 010 0 DED TO ITS HIGHEST AN | FRENTAL CONTRIBL TRATION, INSUITAN NANCIAL YEAR - AN a shop, CONDITIO TO BEST USE, INDICAT               | N ,                     | JRITY atc   | ANNEXURE B    |
| CHEQULE OF EXPENS STATEMENT OF INCOM SUILDING SIZES -ANN SUILDING NO. FILE PROPERTY HAS NO STATES AVAILABLE FOR I                     | SIZE SES INCLUDING HE & EXPENDIT EXURE D SIZE M OT BEEN DEVEL FURTHER DEVEL | REMIAL (EXCL VAT) 0 3: MUNICIPAL, ADMINIS FURE FOR PREVIOUS FI DESCRIPTION 0.9 0900 0 10/10/0 010 0 DED TO ITS HIGHEST AN | FRENTAL CONTRIBL TRATION, INSUITAN NANCIAL YEAR - AN a shop, CONDITIO TO BEST USE, INDICAT               | N ,                     | JRITY atc   | ANNEXURE B    |
| CHEQULE OF EXPENS STATEMENT OF INCOM SUILDING SIZES -ANN SUILDING NO. STHE PROPERTY HAS NO SHAT IS AVAILABLE FOR I                    | SIZE SES INCLUDING HE & EXPENDIT EXURE D SIZE M OT BEEN DEVEL FURTHER DEVEL | REMIAL (EXCL VAT) 0 3: MUNICIPAL, ADMINIS FURE FOR PREVIOUS FI DESCRIPTION 0.9 0900 0 10/10/0 010 0 DED TO ITS HIGHEST AN | FRENTAL CONTRIBL TRATION, INSUITAN NANCIAL YEAR - AN a shop, CONDITIO TO BEST USE, INDICAT               | N ,                     | JRITY atc   | ANNEXURE B    |

tem to out to les leadant relation en color motes amons deur a stable d'al sucception à la catellance en color

|                                        |                                                   |                                                  |                           |                      |                                       |                                         | FLAT NO/<br>DOOR NO.                         |                                                   | UNIT SIZE                           |
|----------------------------------------|---------------------------------------------------|--------------------------------------------------|---------------------------|----------------------|---------------------------------------|-----------------------------------------|----------------------------------------------|---------------------------------------------------|-------------------------------------|
| SCHEME KO.                             | Ĺ                                                 | NAME OF SCHEME                                   | 1                         | <del></del>          | · · · · · · · · · · · · · · · · · · · | <del></del>                             |                                              | <del></del>                                       |                                     |
| VAME OF<br>MANAGING<br>NGENT           |                                                   |                                                  |                           |                      |                                       | <del>., </del>                          | <del></del>                                  | TELN                                              | 0.                                  |
| SHOPS                                  |                                                   |                                                  |                           | OTHER                |                                       |                                         |                                              |                                                   | m².                                 |
| OFFICES                                |                                                   |                                                  |                           | OTHER                |                                       | <del></del>                             |                                              | <b></b>                                           | BY BY                               |
| ACTORIES                               |                                                   |                                                  | m²                        | OTHER                | .,,                                   |                                         |                                              | <u> </u>                                          |                                     |
| ENANT AN                               | n rest M                                          | FORMATION - ANN                                  | EXURE A                   |                      |                                       |                                         |                                              |                                                   |                                     |
| INVEOF<br>ENANT                        | <i>-</i> 710-111 (-)-                             |                                                  | RENTAL (EXC               | L VAT)               | ESCALATION                            |                                         |                                              | TERM<br>OF LEASE                                  | START<br>DATE                       |
|                                        |                                                   |                                                  |                           |                      |                                       | DETAILS OF                              | EXCLUSIV                                     | E USE ARE                                         | AS                                  |
| MONTHLY LE                             |                                                   | R                                                | <del>l,,</del>            |                      | J                                     | GARAGE                                  |                                              | ,                                                 | m,                                  |
| OMMON PR                               | OPERTY C                                          | DINSISTS OF:                                     |                           |                      | 1                                     | CARPORT                                 |                                              |                                                   |                                     |
| WUANING P                              | 20F                                               |                                                  |                           | <del></del>          | 1                                     | OPÉN                                    |                                              |                                                   | — m¹                                |
| ENNIS COUI                             | ₹ <b>T</b>                                        |                                                  |                           |                      | Į                                     | PARKING                                 |                                              | <del></del>                                       | —nı,                                |
| THER                                   |                                                   | }                                                |                           |                      | }                                     | STORE<br>ROOM                           |                                              |                                                   | uu,                                 |
|                                        |                                                   |                                                  |                           |                      | 1                                     | GARDEN                                  |                                              |                                                   | m³                                  |
| THER                                   |                                                   | 1                                                | *******                   |                      |                                       | OTHER                                   |                                              |                                                   | m²                                  |
| THER                                   |                                                   | <u> </u>                                         | <del></del>               | <del> </del>         | J                                     |                                         | <u>.                                    </u> | <del>, ,, ,, , , , , , , , , , , , , , , , </del> | J'''                                |
| I 5; MARKE<br>FYOUR PRO<br>WHAT IS THE | PERTY IS (                                        | ENT NO YITNERSUC                                 | MARKET                    |                      |                                       |                                         |                                              |                                                   | N THE MARKET IN<br>HE ASKING PRICE? |
|                                        | R                                                 |                                                  |                           |                      |                                       |                                         | R                                            | <u></u>                                           |                                     |
| RECEIVED                               | R                                                 |                                                  |                           |                      |                                       | RECEIVED                                | R                                            |                                                   |                                     |
|                                        | ·                                                 |                                                  |                           |                      | 1                                     |                                         | <del></del>                                  | <del></del>                                       | <del></del>                         |
| MANE OF AG                             | ENT:                                              | USED BY THE OBJE                                 | AGAA III NET              | -Annous              | 70511406                              | TELNO.                                  | THE PROP                                     | FRTY OR                                           | ECTEO TO                            |
| BALES TRAN<br>OF INSUFFICI             | SACTIONS<br>ENT SPAC                              | E PROVIDE ANNEXU                                 | REF)                      |                      | INC MAIN                              |                                         |                                              |                                                   |                                     |
| REPTHUM                                | TNO.                                              | SUBURBITAR                                       | Myscheme N                | AME                  |                                       | DATE OF \$/                             | ue.                                          | SELLING                                           | rnice                               |
|                                        | ··                                                |                                                  |                           |                      |                                       |                                         |                                              | 1                                                 |                                     |
|                                        |                                                   |                                                  |                           |                      |                                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                              |                                                   |                                     |
|                                        |                                                   | <del>                                     </del> | ~ <del></del>             |                      |                                       |                                         |                                              |                                                   |                                     |
|                                        |                                                   | <u> </u>                                         | <u> </u>                  | <del></del>          | ,                                     | <u> </u>                                | <del></del>                                  | <u></u>                                           |                                     |
| 1 6; OBJEC                             | гюн рети                                          | AILS                                             | F                         |                      | TEOTED.                               | CHANGES E                               | ÉN ICOTE                                     | TRY OF IEC                                        | NO.                                 |
|                                        |                                                   |                                                  | PARTICULAI<br>IN VALUATIO | NO AS REA<br>ON ROLL | recien                                | Other Park                              |                                              |                                                   |                                     |
| DESCRIPTIO                             | N OF PROP                                         | PERTY/UNIT NO.                                   | ]                         |                      |                                       |                                         |                                              |                                                   |                                     |
| CATEGORY                               |                                                   |                                                  | 1                         |                      |                                       |                                         |                                              |                                                   |                                     |
| PHYSICAL AL                            | DRESSAX                                           | OOR NOJFLAT NO.                                  |                           | <del> </del>         |                                       |                                         |                                              | .,                                                |                                     |
| EXTENT                                 | ,, <del>,, ,, ,, ,, , , , , , , , , , , , ,</del> |                                                  | <del> </del>              |                      |                                       |                                         |                                              | <del></del>                                       | <del></del>                         |
| KARKET VAL                             | UE                                                | ······································           | <del> </del>              |                      |                                       |                                         |                                              |                                                   |                                     |
| NAME OF OV                             |                                                   | 7-7-1-1-1                                        |                           |                      | <del></del>                           | <del> </del>                            | <del>, ,,-</del> ,                           |                                                   |                                     |
| DUDG OF OF                             | 115671                                            |                                                  | 1                         |                      |                                       | t                                       |                                              |                                                   | }                                   |

FORM B: PROPERTIES OTHER THAN RESIDENTIAL OR AGRICULTURAL (e.g businesses, factores, offices, schools) SECTION 7: DECLARATION

ON 7: BECLARATION

ATTENTION IS HEREBY DRAWN TO SECTION 42(2) OF THE ACT WHICH STATES THAT WHERE ANY DOCUMENT, INFORMATION OF PARTICULARS WERE NOT PROVIDED WHERE 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 78 OF THE ACT IF THE APPEAL BOARD IS OF THE MIEW THAT THE FABLURE TO SO HAVE PROVIDED ANY SUCH DOCUMENT, INFORMATION OR PARTICULARS HAS PLACED AN UNNECESSARY BURDEN ON THE FUNCTIONS OF THE MANICIPAL VALUER OR APPEAL BOARD.

|            | I/VE                                                                                          | HEREBY DECLARE THAT " | THE INFORMATION AND PARTICULARS |
|------------|-----------------------------------------------------------------------------------------------|-----------------------|---------------------------------|
|            | SUPPLIED ARE YRUE AND CORRECT.                                                                |                       |                                 |
|            | YEAR WONTH D                                                                                  | AY                    | SIGNATURE                       |
| OFFICIA    | ir nze                                                                                        |                       |                                 |
| SECTIO     | H 8; DECISION OF MUNICIPAL VALUER                                                             |                       |                                 |
|            | DESCRIPTION OF THE PROPERTY/UNIT NO                                                           |                       |                                 |
|            | CATEGORY                                                                                      |                       |                                 |
|            | PHYSICAL ADDRESS/DOOR NO /FLAT NO.                                                            |                       |                                 |
|            | EXTENT                                                                                        |                       |                                 |
|            | MARKET VALUE                                                                                  |                       |                                 |
|            | HANE OF OWNER                                                                                 |                       |                                 |
| <b>5.1</b> | REASONS OF THE MUNICIPAL VALUER                                                               |                       |                                 |
|            |                                                                                               |                       |                                 |
|            |                                                                                               |                       |                                 |
|            | <u></u>                                                                                       | <u> </u>              |                                 |
|            |                                                                                               |                       |                                 |
|            |                                                                                               |                       |                                 |
|            |                                                                                               |                       |                                 |
|            | NAME OF MERICIPAL VALUER/ ASSISTANT<br>MUNICIPAL VALUER' * Delete whichever is not applicable |                       | YEAR HONTH DAY                  |
|            | SIGNATURE:                                                                                    |                       |                                 |
| SECTI      | on B; notification of outcome                                                                 |                       |                                 |
|            | VALUATION ROLL ADJUSTED                                                                       | SIGNATURE DATE        |                                 |
|            | OBJECTOR NOTIFIED                                                                             |                       | ·                               |
|            | OWNER NOTIFIED                                                                                |                       |                                 |
|            | SECTION 52(1)/a)<br>WHERE APPLICABLE                                                          |                       |                                 |
|            | Constole Entitle No Area/Sche                                                                 | MA NAME               | PAGE                            |

| FORM    | C: AGRICULTURAL                           | HOLDINGS OR FAR                         | MS                                     | овјестюн но.                        | · · · · · · · · · · · · · · · · · · · |           |
|---------|-------------------------------------------|-----------------------------------------|----------------------------------------|-------------------------------------|---------------------------------------|-----------|
|         | UNICIPAL MANAGEI                          |                                         |                                        | •                                   |                                       | ******    |
|         | M                                         |                                         |                                        |                                     |                                       |           |
| L<br>RC | LL/SUPPLEMENTAI                           | RY VALUATION ROL                        | A MATTER REFLECTI<br>L' FOR THE PERIOD | ED IN OR OMITTED<br>1 JULY          | FROM THE<br>TO 30 JUNE                | VALUATION |
|         | *Delete whichever is a                    |                                         | OF WHICH THE OBJE                      | CTION IS MADE                       |                                       | ļ         |
|         | (COMPLETE A SEPAI                         |                                         | H ENTRY OBJECTED T                     |                                     |                                       |           |
|         | HOLDING/PORTION<br>NO.                    |                                         | AGRICULTURAL<br>HOLDING/FARM           | ·····                               | <del></del>                           |           |
| SECTIO  | ON 1: OBJECTOR INFO<br>OBJECTOR IS THE OW |                                         | FARM NO.                               |                                     | REG. DIV                              |           |
|         | AEGISTERED OWNER                          | OF PROPERTY                             |                                        | COMPANY OR C.O.                     |                                       |           |
| ,       | identity NO.                              | <u></u>                                 |                                        | REGISTRATION NO.                    | <del></del>                           |           |
|         | PHYSICAL ADDRESS<br>OF OWNER              |                                         |                                        |                                     |                                       | CODE      |
|         | POSTAL ADDRESS OF OWNER                   |                                         |                                        |                                     |                                       | CODE      |
|         | TELEPHONE NO.:                            | HOME (                                  |                                        | work                                | ( )                                   |           |
|         | CELL                                      | , , , , , , , , , , , , , , , , , , , , |                                        | FAX NO.                             | []_                                   |           |
|         | E-MAIL ADDRESS                            |                                         |                                        |                                     |                                       |           |
| 1.2     |                                           | OWNER OR MUNICIPA                       | LITY IS THE OBJECTOR                   |                                     |                                       |           |
| 1,2     | HAME OF OBJECTOR:                         |                                         |                                        |                                     |                                       | 1         |
|         | WHE O. ODDECTOR                           |                                         |                                        |                                     |                                       |           |
|         | IOENTITY NO.                              |                                         |                                        | COMPANY ÔR C.C.<br>REGISTRATION NO. |                                       |           |
|         | POSTAL ADDRESS OF OBJECTOR                |                                         |                                        |                                     |                                       | CODE      |
|         | TELEPHONE NO.:                            | HOME                                    |                                        | WORK                                |                                       |           |
|         | CELL                                      |                                         |                                        | FAX NO.                             |                                       |           |
|         | E-MAIL ADDRESS                            |                                         |                                        |                                     |                                       |           |
|         |                                           | ₹ (e.g. Tanani, Pending P               | urchasor, Municipality etc)            |                                     |                                       |           |
|         | Alchiomeco perpes                         | ENTATIVE OF THE OBJ                     | ECTOR                                  | <u> </u>                            |                                       |           |
| 1.3     | NAME OF REPRESENT                         | ATNE:                                   |                                        |                                     |                                       |           |
|         |                                           |                                         |                                        |                                     |                                       |           |
|         | POSTAL ADDRESS                            |                                         |                                        |                                     |                                       | CODE      |
|         | TELEPHONE NO.:                            | HOME [                                  | 1                                      | WORK                                |                                       |           |
|         |                                           |                                         | <del></del> -                          |                                     |                                       |           |
|         | CELL                                      |                                         |                                        | FAX NO.                             | <u></u>                               | }         |
|         |                                           |                                         | PER PERCE (1)                          | 777                                 | HOY DE AT                             | TACHED    |
| ٠       | E-MAIL ADDRESS                            | FATIVE IS APPOIN                        | TED, PROOF OF AL                       | THORISATION M                       | UST BE AT                             | TACHED    |

|                                                                                                                                                              | 11 0        | DR FARMS                                         | ನ್ನು ಕಲೆ ಕಿಕೆಕ                      | CECTION                     | 11                      |                                                                                   |                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------|-------------------------------------|-----------------------------|-------------------------|-----------------------------------------------------------------------------------|----------------------------------------|
| 2: PROPERTY DETA<br>PHYSICAL ADDRESS<br>IF AVAILABLE)                                                                                                        | nra         | ( FOR SECTIONAL T                                | II LES SER                          | SECTION                     |                         |                                                                                   | CODE                                   |
| EXTENT OF<br>PROPERTY                                                                                                                                        |             | m³                                               |                                     |                             |                         |                                                                                   |                                        |
| MUNICIPAL ACCOUNT (                                                                                                                                          |             |                                                  |                                     | ((faveřable)                |                         |                                                                                   |                                        |
| IAME OF BOND HOLDE                                                                                                                                           | R           | REGISTERED AMOUNT                                | OF BOND                             |                             | (ir applicab)           | <b>e</b> )                                                                        |                                        |
|                                                                                                                                                              | <u> </u>    | <u> </u>                                         | <del></del>                         |                             |                         |                                                                                   |                                        |
| ROVIDE FULL DETAILS<br>GAINST THE PROPERT                                                                                                                    |             | ERVITUDES, ROAD PRÓ<br>2019)                     | CLAMATION                           | IS OR OTHER                 | RENDORSE                | MENTS                                                                             |                                        |
| ERVITUDE NO.                                                                                                                                                 |             |                                                  |                                     | AFFE                        | CTEO AREA               |                                                                                   | m²                                     |
| N FAVOUR OF                                                                                                                                                  |             |                                                  |                                     | ···                         |                         |                                                                                   |                                        |
| OR WHAT PURPOSE                                                                                                                                              |             | , , , , , , , , , , , , , , , , , , , ,          |                                     |                             |                         |                                                                                   |                                        |
| VAS COMPENSATION P                                                                                                                                           | AIO         | YES NO                                           |                                     |                             |                         |                                                                                   |                                        |
| YES:-<br>DATE OF PA                                                                                                                                          |             |                                                  |                                     | AMOUNT                      | R                       |                                                                                   |                                        |
|                                                                                                                                                              |             | L                                                |                                     | PRODUIT                     | , 11                    | 1.                                                                                |                                        |
| 3: DESCRIPTION OF                                                                                                                                            | RAILDIN     | ij S                                             |                                     |                             |                         |                                                                                   |                                        |
| IAIN DWELLING ON FAI<br>NOICATE NUMBER OR                                                                                                                    |             | ng<br>Bano in approprité b                       | OX)                                 |                             |                         |                                                                                   |                                        |
| [                                                                                                                                                            | <del></del> | NO, OF BATHROOMS                                 |                                     | KITCHEN                     |                         | LOUNGE                                                                            | *******                                |
| O, OF BEDROOMS                                                                                                                                               |             | LOUNGE WITH DINING                               |                                     |                             |                         |                                                                                   |                                        |
| DINING ROOM                                                                                                                                                  |             | ROOM                                             |                                     | STUDY                       |                         | PLAYROOM                                                                          |                                        |
| ELEVISION ROOM                                                                                                                                               |             | LAUNDRY                                          |                                     | SEPARATE<br>TOILET          | <u> </u>                |                                                                                   |                                        |
| THER                                                                                                                                                         |             |                                                  |                                     | SIZE OF<br>MAIN<br>DWELLING |                         |                                                                                   | tro <sup>3</sup>                       |
| THER BUILDINGS .                                                                                                                                             | ATYACH A    | AS ANNEXURE A                                    |                                     |                             |                         |                                                                                   |                                        |
|                                                                                                                                                              | DESCRIPTIO  |                                                  |                                     | сомоптом                    |                         | is THE BUILDS                                                                     | S FULICITO                             |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                        | こむけへいじか     |                                                  |                                     |                             |                         |                                                                                   |                                        |
| S ANY PORTION OF THE<br>2.g. Business, mining, e<br>Ick &                                                                                                    | eco tourisi | m, trading in or hunting (<br>ESCRIBE THE USS(5) | of game)                            | SÄRY PROV                   |                         |                                                                                   | ······································ |
| S ANY PORTION OF THE<br>s.g. Business, minsing, e<br>lick &<br>YES NO                                                                                        | eco tourisi | m, trading in or hunting (<br>ESCRIBE THE USS(5) | of game)                            | ŠÄRY PROV                   | TOE ANNE.               | Xure B                                                                            |                                        |
| S ANY PORTION OF THE<br>S.G. Business, mining, e<br>ICK &<br>YES NO<br>AND USE ANALYSIS:                                                                     | eco tourisi | m, trading in or hunting (<br>ESCRIBE THE USS(5) | of game)                            | ŠÄRY PROV                   | IDE ANNE.               | XURE B                                                                            | POOR                                   |
| S ANY PORTION OF THE Seg. Business, michig, s Ick & YES NO AND USE ANALYSIS; ION AGRICULTURAL                                                                | eco tourisi | m, trading in or hunting (<br>ESCRIBE THE USS(5) | of game)                            | ŠÄRY PROV                   | TOE ANNE.               | XURE B<br>OF FENCES<br>AVERAGE                                                    | PÖQR .                                 |
| ANY PORTION OF THE OLD BUSINESS, MICHID, 6 ICK EL  YES NO  AND USE ANALYSIS: ON AGRICULTURAL REFER TO 3.3}  RAZING                                           | eco tourisi | m, trading in or hunting (<br>ESCRIBE THE USS(5) | of gamo)  IF NECES:                 | ŠÄRY PROV                   | CONDITION GOOD          | XURE B  OF FENCES AVERAGE  EFENCED                                                | POOR                                   |
| S ANY PORTION OF THE  1.9. Business, micrip, e  1.0. E  YES  AND USE ANALYSIS:  1.0. AGRICULTURAL  REFER TO 3.3                                              | eco tourisi | m, trading in or hunting (<br>ESCRIBE THE USS(5) | of game)  IF NECES:  ha             | ŠÄRY PROV                   | CONDITION GOOD          | XURE B<br>OF FENCES<br>AVERAGE                                                    | F00R                                   |
| S ANY PORTION OF THE S.G. Business, minsing, e ICK & YES NO AND USE ANALYSIS: ION AGRICULTURAL REFER TO 3.3 BRAZING                                          | eco tourisi | m, trading in or hunting (<br>ESCRIBE THE USS(5) | of game)  IF NECES:  ha  he         | SARY PROV                   | CONDITION GOOD AREA GAM | OF FENCES AVERAGE E FENCED MUMBER OF EOREHOLES OUTPUT                             | 200R                                   |
| S ANY PORTION OF THE S.G. Businass, michiq, e ICK & YES NO AND USE ANALYSIS: ION AGRICULTURAL REFER TO 3.3 RAZING INDER IRRIGATION RY LAND ERMANENT CROPS    | IF YES: DE  | m, trading in or hunting (<br>ESCRIBE THE USS(5) | of game)  IF NECES:  ha  he  ha  ha | SARY PROV                   | CONDITION GOOD AREA GAM | OF FENCES AVERAGE  E FENCED  RUMBER OF BOREHOLES                                  | F00R                                   |
| S ANY PORTION OF THE S.G. Business, micrip, s ICK & YES NO AND USE ANALYSIS: ICN AGRICULTURAL REFER TO 3.3 STRAZING WHOER IRRIGATION REV LAND ERMANENT CROPS | IF YES: DE  | m, trading in or hunting (<br>ESCRIBE THE USS(5) | IF NECES  ha  he  ha  ha  ha        | SARY PROV                   | CONDITION GOOD AREA GAM | AURE B  LOF FENCES AVERAGE  E FENCED  MUMBER OF BORCHOLES  OUTPUT TRES/HOUR  DAMS | FOOR                                   |
| S ANY PORTION OF THE S.G. Businass, michiq, e ICK & YES NO AND USE ANALYSIS: ION AGRICULTURAL REFER TO 3.3 RAZING INDER IRRIGATION RY LAND ERMANENT CROPS    | ir Yes; De  | m, trading in or hunting (<br>ESCRIBE THE USS(5) | of game)  IF NECES:  ha  he  ha  ha | SARY PROV                   | CONDITION GOOD AREA GAM | AURE B  OF FENCES AVERAGE  EFENCED  HUMBER OF BOREHOLES OUTPUT RES/HOUR           |                                        |

PLEASE COMPLETE THE BOTOM OF EACH PAGE

| IS YOUR PROPERTY AFFECTED B                                                          |                             |                       |                                                     |
|--------------------------------------------------------------------------------------|-----------------------------|-----------------------|-----------------------------------------------------|
| IF YES:-<br>DATE OF CLAIM                                                            |                             |                       |                                                     |
| GAZETTE NO.                                                                          |                             |                       |                                                     |
| DO YOU HAVE WATER RIGHTS?<br>IF YES:- DETAILS:                                       | YES NO                      |                       |                                                     |
|                                                                                      |                             | <u> </u>              |                                                     |
| HAVE YOU APPLIED FOR A REZON<br>CONSENT USE 8 to as guest house,<br>IF YES: DETAILS: |                             | YES                   | NO                                                  |
| HAS YOUR AGRICULTURAL HOLD<br>PROPERTY BEEN EXCISED<br>IF YES!- NEW FARM DESCRIP     |                             | NO                    | i .                                                 |
|                                                                                      | TO DOD OF ODOO! INTO        |                       |                                                     |
| HAS THE TOWNSHIP BEEN APPLI<br>IF YES: FULL DETAILS                                  | FO FOX ON PROCLAIMEUT       | YES                   | МО                                                  |
| TOURS AND DEAT DEOPHATIO                                                             | I ANNEYTIDE C               |                       |                                                     |
| TENANT AND RENT INFORMATION                                                          | RENTAL (EXCL. VAT) ESCALATE | N OTHER CONTRIBUTIONS | TERM OF LEASE START DATE US                         |
| IF YOUR PROPERTY IS CURRENT WHAT IS THE ASKING PRICE?                                | LY ON THE MARKET            |                       | S BEEN ON THE MARKET IN<br>HAT WAS THE ASKING PRICE |
| OFFER RECEIVED R                                                                     |                             | OFFER<br>RECEIVED R   |                                                     |
| NAME OF AGENT:                                                                       |                             | TEL NO.               |                                                     |
| SALE TRANSACTIONS USED BY                                                            | THE OBJECTOR IN DETERMINING | THE MARKET VALUE OF   | THE PROPERTY OBJECTED                               |
| (IF INSUFFICIENT SPACE PROVIDED HOUSING/PORTION NO AG                                | RICULTURAL HOLDING IFARM    | DATE OF SALE          | SELLING PRICE                                       |
|                                                                                      | <u> </u>                    |                       |                                                     |
|                                                                                      |                             |                       |                                                     |
|                                                                                      |                             |                       |                                                     |
|                                                                                      |                             |                       |                                                     |
| ON 5: OBJECTION DETAILS                                                              | PARTICULARS AS REFLECTED    | CHANGES REQUESTE      | BYOBJECTOR                                          |
| DESCRIPTION OF THE PROPERT                                                           | IN VALUATION ROLL           |                       |                                                     |
|                                                                                      | 1                           |                       |                                                     |
| CATEGORY                                                                             |                             |                       | <del></del>                                         |
| PHYSICAL ADDRESS                                                                     |                             |                       |                                                     |
| EXTENT                                                                               |                             | 1                     |                                                     |
| 1                                                                                    | 1                           |                       |                                                     |
| HARKET VALUE                                                                         |                             |                       |                                                     |
| NAME OF OWNER                                                                        | RTHER REASONS IN SUPPORT OF | 1                     | VIDE É DAN DE ADOMOTOS                              |

### FORM C: AGRICULTURAL HOLDINGS OR FARMS SECTION 6: DECLARATION

ATTENTION IS HERESY 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 CONCERNEO 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 TO OF THE ACT IF THE APPEAL BOARD IS OF THE VIEW THAT THE FAILURE TO SO HAVE PROVIDED ANY SUCH DOCUMENTS INFORMATION OR PARTICULARS HAS PLACED AN UNNECESSARY BURDEN ON THE FUNCTION OF THE MUNICIPAL VALUER OR THE APPEAL BOARD.

| 1/WE<br>PARTICULARS SUPPLIED ARE TRUE AND CORRECT                                                                                              | T. HERGHY DECLARE THAT THE INFORMATION AND |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| DATE: MONTH DAY                                                                                                                                | SIGNATURE                                  |
| CIAL USE                                                                                                                                       |                                            |
| Tion 7: Decision of Municipal Valuer                                                                                                           |                                            |
| DESCRIPTION OF THE PROPERTY                                                                                                                    |                                            |
| CATEGORY                                                                                                                                       | ***************************************    |
| PHYSICAL ADDRESS                                                                                                                               |                                            |
| EXTENT                                                                                                                                         |                                            |
| hsarket value                                                                                                                                  |                                            |
| NAME OF OWNER                                                                                                                                  |                                            |
| REASONS OF THE MUNICIPAL VALUER                                                                                                                |                                            |
|                                                                                                                                                |                                            |
| NAME OF MUNICIPAL VALUER! ASSISTANT MUNICIPAL VALUER! * Delete whichever is not conficeble                                                     | YEAR MONTH DAY                             |
|                                                                                                                                                | DATE YEAR MONTH DAY                        |
| ASSISTANT MUNICIPAL VALUER* *Delete whichever is not applicable                                                                                |                                            |
| ASSISTANT MUNICIPAL VALUER* *Delete whichever is not applicable SIGNATURE:                                                                     |                                            |
| ASSISTANT MUNICIPAL VALUER* *Delete whichever is not applicable SIGNATURE:  ON 8: NOTIFICATION OF OUTCOME SIGNATURE                            | DAYE                                       |
| ASSISTANT MUNICIPAL VALUER* * Delete whichever is not applicable SIGNATURE:  ON 8: NOTIFICATION OF OUTCOME  VALUATION ROLL ADJUSTED  SIGNATURE | DAYE                                       |
| ASSISTANT MUNICIPAL VALUER*  * Description of applicable SIGNATURE:  ON 8: NOTIFICATION OF OUTCOME  VALUATION ROLL ADJUSTED  OBJECTOR NOTIFIED | DAYE                                       |