

Enquiries:
Tel: 014 555 1
Fax: 014 555 6368
E-mail: municipal_manager@moseskotane.gov.za



GENERAL VALUATION ROLL 2026 – 2031

FORM C: AGRICULTURAL HOLDINGS OR FARMS

Objection No.

OBJECTION FORM

FARM NO..... FARM NAME.....

PORTION NO..... REGISTRATION DIVISION.....

Reason for query.....

Registered Owner of Property			
Identity No.		Company or c.c Registration No.	
Physical Address the Owner			Code
Postal Address of Owner			Code
Telephone No.	Home		Work
	Cell		Fax
E-Mail Address			

PROPERTY DETAILS:

PHYSICAL ADDRESS

CODE:

EXTENT OF PROPERTY

	M²
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MUNICIPAL ACCOUNT NO

INDICATE NUMBER OR STATE YES/NO IN APPROPRIATE BOX



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No. of Bedrooms	No. of Bathrooms	Kitchen	Lounge
Dining Room	Lounge/ Dining Room	Study	Playroom
Television Room	Laundry	Separate Toilet	
Other		Other	
Other		Other	

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

OTHER BUILDINGS – ATTACH AS ANNEXURE A

BUILDING NO.	DESCRIPTION	SIZE M ²	CONDITION	IS THE BUILDING FUNCTIONAL

IS ANY OF THE PROPERTY USED FOR ANY PURPOSE OTHER THAN AGRICULTURE?

(E.g Business, mining, eco-tourism, trading in or hunting game)

TICK	
YES	NO

IF YES – DESCRIBE THE USE(S) _____

_____ IF NECESSARY PROVIDE ANNEXURE B

LAND USE ANALYSIS

CONDITION OF FENCES		
GOOD	AVERAGE	POOR
AREA GAME FENCED		Ha

IS THERE PROPERTY EXPOSED TO A RIVER?		
YES		NO

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NON AGRICULTURAL	Ha
GRAZING	Ha
UNDER IRRIGATION	Ha
DRY LAND	Ha
PERMANENT CROPS	Ha
OTHER	Ha
OTHER	Ha
OTHER	Ha
TOTAL	Ha

NUMBER OF BOREHOLES	
OUTPUT LITRES/HOUR	
DAMS	
CAPACITY	

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

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

Query Details	Particulars as reflected in the Valuation Roll	Changes Requested
Description of the Property No.		
Extent		
Market Value		
Category		
Name of Owner		

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

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MOSES KOTANE LOCAL MUNICIPALITY

I, FULL NAME:

SIGNATURE:

DATE:

HEREBY DECLARE THAT THE INFORMATION AND PARTICULARS SUPPLIED ARE TRUE AND CORRECT TO OUR/ MY KNOWLEDGE

(To be filled by the Municipal Valuer)

Name of a Municipal Valuer

Signature of Valuer

Date



Stand No.933 , Station Road, Unit 3, Mogwase Shopping Complex, Mogwase
Tel: 014 555 1300 | Fax: 014 555 6368
Website: www.moseskotane.gov.za