

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

MUNICIPAL ACCOUNT NO

INDICATE NUMBER OR STATE YES/NO IN APPROPRIATE BOX

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 M2	CONDITION	IS THE BUILDING FUNCTIONAL
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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	

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



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 DETERMINING THE MARKET VALUE OF PROPERTY OBJECTED TO (IF INSUFFICIENT SPACE PROVIDED 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)

Enquiries:
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E-mail: municipal_manager@moseskotane.gov.za



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