FORM C: AGRICULTURA	L HOLDIN	NGS OR FARMS		
THE MUNICIPAL MANAGI	ER	Obj	ection no.	
BREEDE VALLEY MUNIC	IPALITY			
LODGING OF AN OBJECTIO PERIOD 1 JULY 2021 TO 30 J		T A MATTER REFLECTED IN THE SECO	OND(2ND) SUPPLEMEN	TRY VALUATION ROLL FOR THE
DESCRIPTION OF PROPERTY (Complete a seperate form for each		TOF WHICH THE OBJECTION IS MADE cted to)		
HOLDING / PORTION NO.		AGRICULTURAL HOLDING / FARM	4	
SECTON 1: OBJECTOR INFOR		FARM NO.	REG. DIV	
REGISTERED OWNER OF PRO	PERTY			
IDENTIITY NO.			COMPANY OR O	
PHYSICAL ADDRESS OF OWNER				DDE
POSTAL ADDRESS OF OWNER			CO	DDE
TELEPHONE NO. HOME			work	
CELL E-MAIL ADDRESS			FAX NO.	
1.2 OBJECTOR IS NO	THE OW	NER OR MUNICIPALITY IS THE OBJE	ECTOR	
NAME OF OBJECTOR				
IDENTITY NO.		COMPAN REGISTRA		
POSTAL ADDRESS OF OBJECTOR			C	ODE
TELEPHONE NO.: HO	-	WOR		
CE	T	FAX No	0.	
E-MAIL ADDRE				
STATUS OF OBJECTOR (e	g. Tenant, P	ending Purchaser, Municipality, etc.)		
1.4 AUTHORISED REPRESI	ENTATIVE	OF THE OBJECTOR		
NAME OF REPRESENT	ATIVE	,		

POSTAL ADDRESS CODE TELEPHONE NO.: HOME WORK CELL FAX NO. E-MAIL ADDRESS

SECTON 2: PROPER	TY DETAILS	(FOR SECT	IONAL	TITLES SI	EE SECTI	iON 4)						
PHYSICAL A (IF AVA	DDRESS AILABLE)								Coc	ie		
EXTEND OF PI MUNICIPAL A	_	m²		(if availabl	le)							
NAME OF BOND	HOLDER			REGISTE	RED AM	OUNT OF B	OND			(if ap	plicable)	
PROVIDE FULL DETA AGAINST THE PROPI			OAD PI	ROCLAMA	TIONS O	R OTHER E	ENDORSEM	IENTS				
SERVITUDE NO.									AFFE	CTED AR	EA	m²
IN FAVOUR OF												
FOR WHAT PURPOSE				9								
WAS COMPENSATIO	N PAID.	YES	T	NO								
IF YES:- DATE OF PAYMENT						1	AMOUNT	R				
No. of	WELLING ON	FARM / HOLDI OR STATE YES No. o	/ NO IN	N APPROPR	RITE BOX							
bedrooms		Bathroom Lounge wit	h			Kitche	n		Lounge	e		
Dining Room		Dining roor	n			Stud	У		Playro	om		
Television Room		Laundr	у		S	Separate toile Size of Mai						
Other						Dwellin						m²
		CH AS ANNEXU	RE A	G.	2		0 13					
Building no.	Descri	aption		Size 1	m²		Condition			Is the bui	ding funct	tonal
	Mining, Eco-to	ROPERTY USED DURISM, Trading I	n, or Hu	ınting of Ga		IER THAN A			PROVIDI	E ANNEXI	IDE B	
3.4 LAND USE AT	TAT VCIC.						11 1120	)	TROVIDA		AKE D	
Non-Agricultural	VILLIBIS.	II-			Con	udition of Fo						
(Refer to 3.3)		Ha				ndition of Fe						
Grazing Under Irrigation		Ha			Go	od		Poor				
Dry Land		Ha Ha			Are	ea Game Fen	hood			U <sub>0</sub>		
Permanent Crops		Ha				mber of Bore				На		
Other		На				tput Litres /						
Other		На				· · · · · · · · · · · · · · · · · · ·						
Other		На			Da	ms						
Total		На				pacity						
		,				-	IS THE PR	OPERTY	EXPOSE	 O TO A RIV	/FR?	
					YI				NO	- 511111		
					_ 11	<b>L</b>			NO			
	Complete: Po	ortion / Holding no				farm / Hold						
		rle	ASE C	OWITE I E	וטם פוני	LIOWI OF E.	ACII FAUE					

FORM C: AGRICULTURAL HOLDINGS OR FARMS

FORM C: AGRICULTUR 5.5 OTHER:	AL HOLDINGS OR FA	RMS						
Is your property affecte	d by a land claim?	YES		NO				
If yes: Date of claim								
Gazette No.					9			
Do you have water righ	its?	YES	·	NO	3			
YES:- DETAILS								
ave you applied for a rezoning onsent use:- E.g. as guest hous yes:- Details		S	Ne	0				
as your agricultural holdings p een exised? YES:- NEW FARM DESCRI		S	Ne					
TES NEW TARM DESCRI	THON							
oclaimed?	applied for or YE	S	No	0				T.
yes:- Full Details								
ENANT AND RENT INFORM AME OF TENANT	MATION – ANNEXURE ( SIZE RENTAL (ecluding V.	L ESCALA		HER ONTRIBUTIONS	TERM LEASE	OF	START DATE	USE
	m²						Ditte	
YOUR PROPERTY IS CUR 'HAT IS THE ASKING PRIC R OFFER RECEIVED R				F YOUR PROPI THE LAST 3 YE OFFER RECEIVED				
NAME OF								
AGENT	ED DV THE OD TOTOR	N DETERMINE	THENANDU	TEL	L	TI 05 II		
ALES TRANSACTIONS USE F INSUFFICIENT SPACE PE ERF / PTN / UNIT NUMBER	ROVIDE ANNEXURE D)	N DETERMING		DATE OF S.			LING PRIC	Œ
								-
ECTION 5: OBJECTION DE	PARTICULARS		ECTED I	N CHANGES	REQUESTEI	BY OB	JECTOR	
DESCRIPTIO PROPERTY / UNIT NUM		JLL						
PHYSICAL ADDRI DOOR NO. FLAT	NO.							
EXT	END							
NAME OF OWNER						-		
ADVERSEFEATURES AND /				ECTION (ANNE				

PLEASE COMPLETE THE BOTTOM OF EACH PAGE

We				hereby decla	re that the inform	nation and pa	rticulars su	pplied are true a	nd correct
	Year	Month .	D	ay					
ate									
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**SECTION 6: DECLARATION**