

FORM D

[Sections 15, 16 and 17]

IMMOVABLE PROPERTY TAX ACT

VALUATION FORM

- 1 Part 1 of the Form shall be completed by a taxpayer or the taxpayer's representative using evidence of the purchase price of the immovable property within 5 years before the date of submitting this form to the Chief Valuation Officer.
- 2 Part 2 of the Form shall be completed by an authorized qualified professional or a valuation officer. Please attach proof of written authorization from the taxpayer for appointment of the authorized qualified professional to conduct the valuation.
- 3 Part 3 of the form shall be completed by an authorized Real Estate Developer. Please attach proof of written authorization from the taxpayer for appointment of the authorized Real Estate Developer to conduct the valuation.

PART 1

1	Name of Taxpayer	
2	Taxpayer or Taxpayer Representative Contact Details.	Telephone Nos. Email Address:
3	TIN	
4	Date of Purchase of Property	
5	Date of Registration	
6	Purchase Price or the Value when Sanction was granted under the Immovable Property (Transfer Restriction) Act, whichever is higher.	
7	Title/Parcel N^o	
8	Registered Owner(s)	
9	Tax payable at 0.25% of the value stated in 5 above	

Please attach copy of Title Deed(s)

I certify that to the best of my knowledge the above declaration is true.

Signature of Taxpayer/Taxpayer's Representative

Dated this day of 20.....

PART 2
IMMOVABLE PROPERTY DETAILS

Name of Taxpayer		
TIN		
1	Date of Site Visit/Inspection	
2	Date of Valuation	
3	Date of Report	
4	Title/Parcel Details	
a)	Title/Parcel No.	
b)	District	
c)	Registered Owner(s)	
d)	Encumbrances/Restrictions excluding charges/ mortgages	
e)	Land Area (Sq.m)	
f)	Tenure (Please Tick)	Freehold <input type="checkbox"/>

			Leasehold <input type="checkbox"/>
			Usufructuary <input type="checkbox"/>
5	Interest Valued (Please Tick)		Freehold <input type="checkbox"/> Freehold (Co-ownership) <input type="checkbox"/> Leasehold <input type="checkbox"/> Usufructuary <input type="checkbox"/> <i>Note: If the interest is held in co-ownership, please specify/indicate the proportion of the share.</i>
6	Brief description of Location and Site attributes		
	a)	Location	
	b)	Physical Characteristics & Topography	

--	--	--	--

7	Description of Buildings <i>(Provide both construction & accommodation details for each building)</i>		
----------	--	--	--

	(i) Construction Details		
--	---------------------------------	--	--

a)	Foundations and Structure	
----	---------------------------	--

b)	Walls	
----	-------	--

c)	Roof Covering	
----	---------------	--

d)	Ceilings	
----	----------	--

e)	Doors	
----	-------	--

f)	Windows	
----	---------	--

g)	Stairway/Staircase	
----	--------------------	--

h)	Internal Finishes	
----	-------------------	--

i)	Fixtures & Fittings	
j)	Electrical Fittings	
(ii) Accommodation Details		
a)	Lounge	<input type="checkbox"/>
b)	Dining Room	<input type="checkbox"/>
c)	Lounge with Dining Room	<input type="checkbox"/>
d)	Kitchen	<input type="checkbox"/>
e)	Open Plan Kitchen	<input type="checkbox"/>
f)	No. of Bedrooms	
g)	No of Bathrooms	
h)	No. of Toilets	
i)	Laundry	<input type="checkbox"/>
j)	Garage/Parking	<input type="checkbox"/>
k)	Others Rooms e.g. Study Rooms (Please Specify)	
(iii) Other Facilities e.g Swimming Pool s/Retaining walls/Fences/Gates		

	(iv) Size (Gross External Areas)	
	(v) Approximate Age of Building (s)	
	(vi) State of Repair	
	(vii) Sustainability/ Photovoltaics/ Solar water heaters/ Rain water and/or other types of water harvesting	
8	Environmental Considerations and associated Risks e.g Flooding, Contamination, erosion etc.	
9	Services & Amenities	
	a) Electricity	
	b) Water	
	c) Sewage Disposal	
	d) Others e.g Telephone Lines, security system, smoke detectors, fire extinguishers, close circuit television cameras, air conditioning system etc	
10	Assumptions and Special Assumptions	

11	Valuation Approach & Method (Please Tick)	Market Approach/Direct Market Comparison <input type="checkbox"/>
		Income Approach <input type="checkbox"/>
		Depreciated Replacement Method (DRC) <input type="checkbox"/>

12	Market Evidence	
	(i) Sales Comparable 1	
	Property	
	Sale Price	
	Sale Date	
	Land Area (Sqm)	
	Zoning/Land Use Plan	
	Property Description	
	Analysis	
	Comparability	
	(ii) Sales Comparable 2	
	Property	
	Sale Price	
	Sale Date	

	Land Area (Sqm)	
	Zoning/Land Use Plan	
	Property Description	
	Analysis	
	Comparability	

(iii) Sales Comparable 3

	Property	
	Sale Price	
	Sale Date	
	Land Area (Sqm)	
	Zoning/Land Use Plan	
	Property Description	
	Analysis	
	Comparability	

13	Name of the Qualified Professional	
-----------	---	--

14	National Identification Number	
15	E-Mail Address	
16	Telephone No. (Work)	
17	Market Value: In Figures In Words	
18	Tax Payable at 0.25% of Market Value	
19	<i>Please append photographs the Immovable Property on a separate sheet of paper.</i>	

I hereby certify that the above valuation was carried out in accordance with Internationally recognized Valuation Practices and Standards, and that the value of the interest stated above represents the Market Value as referred in Section 2 of the Immovable Property Tax Act, 2019.

Signature of the Qualified Professional: _____

Date: _____

PART 3

Part 3A Summarized List of Immovable Properties

No .	Title/Parcel/ Condominium No.	Name of Taxpayer(s)	TIN	Unit Type	Typical Selling Price	Market Value
1				Apartment <input type="checkbox"/> Maison <input type="checkbox"/> Villa <input type="checkbox"/> Other (<i>Please Specify</i>)		
2				Apartment <input type="checkbox"/> Maison <input type="checkbox"/> Villa <input type="checkbox"/> Other (<i>Please Specify</i>)		

*You may attach a separate sheet of paper if the space is insufficient or you need more pages for further Immovable Properties

Part 3B Description of a Typical Immovable Property

Please use a separate Form 3B for each Typical Immovable Property

1	Type of Typical Immovable Property	Apartment <input type="checkbox"/> Maison <input type="checkbox"/> Villa <input type="checkbox"/> Other (<i>Please Specify</i>) _____
2	Number of the Typical Immovable Property	
3	Description of Typical Immovable Property (<i>Provide both construction & accommodation details for the typical Immovable Property</i>)	
	(i) Construction Details	
	a) Foundations	Strip Foundation <input type="checkbox"/> Raft/Mat Foundation <input type="checkbox"/> Individual/Isolated Footing <input type="checkbox"/> Combined Footing <input type="checkbox"/> Pile Foundation <input type="checkbox"/> Drift Shafts/Caissons <input type="checkbox"/> Other (<i>Please Specify</i>) _____
	b) Structure	Load Bearing Concrete Block <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Timber <input type="checkbox"/> Other (<i>Please Specify</i>) _____
c) Walls	Load Bearing Walls <input type="checkbox"/> Non-Load Bearing Walls <input type="checkbox"/> Timber Walls <input type="checkbox"/>	

		Other (<i>Please Specify</i>) _____	
d)	Roof Covering	CI Sheet <input type="checkbox"/>	Concrete Tile <input type="checkbox"/>
		Coated Metal Tile <input type="checkbox"/>	Shingle <input type="checkbox"/>
		Natural Thatch <input type="checkbox"/>	Artificial Thatch <input type="checkbox"/>
		Zinc/Aluminum Sheets <input type="checkbox"/>	
		Other(<i>Please Specify</i>) _____	
e)	Ceilings	Plywood <input type="checkbox"/>	Cement Board <input type="checkbox"/>
		Gypsum <input type="checkbox"/>	Timber Cladding <input type="checkbox"/>
		Other(<i>Please Specify</i>) _____	
f)	Floors	Ceramic Tiles <input type="checkbox"/>	Granite Tiles <input type="checkbox"/>
		Timber Board <input type="checkbox"/>	Wood Parquet <input type="checkbox"/>
		Cement Screed <input type="checkbox"/>	Terrazzo <input type="checkbox"/>
		Other(<i>Please Specify</i>) _____	

(ii) Accommodation Details		
a)	Lounge	<input type="checkbox"/>
b)	Dining Room	<input type="checkbox"/>
c)	Lounge with Dining Room	<input type="checkbox"/>
d)	Kitchen	<input type="checkbox"/>
e)	Open Plan Kitchen	<input type="checkbox"/>
f)	No. of Bedrooms	
g)	No. of Bedrooms en-suite	
h)	No of Common Bathrooms	
i)	No. of bathrooms	
j)	No. of Toilets	
k)	Laundry	<input type="checkbox"/>
l)	Garage/Parking	<input type="checkbox"/>
m)	Other Rooms e.g. Study Rooms (Please Specify)	
(iii) Other Facilities		Swimming Pool <input type="checkbox"/> Retaining Walls <input type="checkbox"/> Fences <input type="checkbox"/> Gates <input type="checkbox"/> PV Installation <input type="checkbox"/> Solar Water Heaters <input type="checkbox"/> Other(<i>Please Specify</i>)_____

	(iv) Size (Gross External Areas)	
	(v) Approximate Age of Building (s)	
	(vi) State of Repair	Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/>
4	Services & Amenities	
	Electricity <input type="checkbox"/> Water <input type="checkbox"/> Septic Tank <input type="checkbox"/> Mains Sewer <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/>	
	CCTV <input type="checkbox"/> Other (<i>Please Specify</i>) _____	

Part 3C Photographs

Please append photographs of each typical Immovable Property depicting the following:

- i. At least one (1No) External View;
- ii. Internal Views of the Lounge, Kitchen, Bathroom, and Bedroom(s);

Part 3D Floor Plans & Site Plan

Please append floor plans of each typical Immovable Property.

Part 3E Declaration

I/We certify that to the best of my knowledge the above declaration is true.

Name of Real Estate Developer			
Authorized Signatory(ies) of the Real Estate Developer	<i>Name</i>	<i>Signature</i>	<i>Date</i>