



MINISTRY OF FINANCE
VALUATION DIVISION

Ground Floor, Churchill Court, 19, 29 & 29A Estate Trace,
6th Ave. Ext. Barataria Telephone: (868) 612-1715 Email: valdiv.pos@gov.tt

Instructions for the Completion of Return required under Section 29 of the Valuation of Land Act

Returns can be completed and submitted online at www.valuationdivision.gov.tt or manually. Before you complete the Return, it may be useful to make copies of the documents to be attached first.

SECTION 1.

Please note that the Owner is the person whose name appears on the Title Document (Deed or Certificate of Title). Insert the Owner's details in BLOCK LETTERS and ensure that it is readable.

Insert the Owner's mailing address in the format provided in BLOCK LETTERS.

Insert the Owner's contact details and National ID or Passport or DP Number in BLOCK LETTERS.

If the Owner is a Corporation, insert the name and contact information of the person assigned to conduct this transaction on the Company's behalf under Contact Details.

SECTION 2.

2a. If the subject property is the same as the address of the owner as inserted in Section 1 above, then tick the box "Same as Owner".

If the subject property is different, then insert the address of the subject property in the format provided in BLOCK LETTERS.

2b. If the subject property is occupied by someone other than the owner as inserted in Section 1, please insert the Occupier's Name, Contact Details and National ID or Passport or DP Number in BLOCK LETTERS.

SECTION 3. Tick the box or boxes which represent the property's current use. "Land" or "Property" includes buildings or any part of a building. "Homestead" means that there is one (1) residence on a parcel of land one half (1/2) acre or more in size. "Mixed use lands" are used for more than one of the following purposes: residential, commercial, agricultural. "Special Purpose" properties are those where buildings are designed to be used only for a specific purpose, e.g. gas stations, hotels, hospitals, theatres, religious purposes, etc. "Unit" means a complete living area or office space which can be occupied by one person or group of persons and which can command a rent on its own.

SECTION 4. Insert the details of the property's ownership as found in the Title Documents.

SECTION 5. Insert the land area in the space provided. This should be taken directly from the Title Document. Tick whether there is a building on the subject lands and if so, insert how many there are standing on the land.

For land with only residential buildings/living units, complete Sections 1-5, 6 and 8 only. For land with only commercial buildings/units, complete Sections 1-5, 7 and 8 only. For agricultural land only complete Sections 1-5 and 8 only. For mixed use lands, complete Sections 1-5, 6 and 7 (as applicable) and 8. Where there is need for more space to enter details (e.g. to add more floors), please copy and attach the relevant section as necessary.

SECTION 6. If there exists more than one living unit/building, duplicate the entire Section 6 and complete for each living unit/building and attach.

6a. Where there is a residential building on the parcel of land, please insert its details as shown. The area of each floor in the building must be measured and provided in square meters.

6b. Tick the internal construction details which apply to the building. Tick as many as necessary.

6c. List any defects in the building, including structural defects.

6d. List the number of each type of room on each floor of the building. If the building has more than one living unit, please fill out for each unit and change the heading of the column to state the unit name and location (GF Front Unit, FF Rear Unit, GF No. 1, GF No.2).

SECTION 7. If there exists more than one commercial unit, duplicate the entire Section 7 and complete for each unit/building and attach.

7a. For each commercial building/unit on the parcel of land, please insert its details as shown. The area of each floor in the building must be measured and inserted in square meters. If any part of the mostly commercial building is being used for another purpose, please tick yes. If not, tick No. If the building is being rented, please insert the number of units and the Tenancy Details in the Table provided.

7b. Tick the internal construction details which apply to the building. Tick as many as necessary.

7c. List any defects in the building, including structural defects.

7d. For commercial buildings that have plant and machinery attached either to the inside or outside of a building, please insert the details of the plant and machinery in the Table provided. Please copy, complete and attach as many pages as necessary.

7e. List the number of each type of room on each floor of the building. Where there is need for more space to enter details (e.g. to add more floors), please copy and attach the relevant section as necessary. If the building has more than one unit, please fill out for each unit and insert in the heading of the column the unit name and location (e.g. GF Front Unit, FF Rear Unit, GF No. 1, GF No.2). Please enter the Room Type as necessary if not found in the Table, for example, Conference room, Storage Room.

7f. Tick which sundries are installed for each building or unit.

7g. Insert directions to the subject property using the closest main road as the starting point. A location map could also be drawn or printed and attached to the Return.

SECTION 8. Sign and Date the Declaration. Please note that this is required in order for the Return to be valid and complete. For companies, the signature of the company's legal representative is required with the company's stamp.

Attach copies (not originals) of the documents listed at the top of the Return.

To submit the Return online, please visit our website at www.valuationdivision.gov.tt and click on "Fill in a Return" at the top right of the webpage or "Online Return Portal" on bottom left side of the page. This will take you to a sign up page for registration. After registration and log in, instructions will be provided on filling in the Return.

To submit the Return manually, place the Return and attachments in a sealed envelope with the name of the owner/occupier, residential address of the owner/occupier, telephone contact and email address clearly written on the envelope and deposit same at any of the drop boxes located at the Valuation Division Regional Offices or Municipal Corporations listed in the Section 29 Notice issued by the Commissioner of Valuations.



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RETURN

(Required under Section 29 of the Valuation of Land Act, Chap. 58.03)

This Form MUST be completed in black or blue ink in BLOCK LETTERS.

Please attach copies only of the following documents to this Return.

- One (1) form of Identification (ID/Passport/DP) for Owner and/or Occupier
- Two (2) Photographs of Property (Front View and Side View)
- Title Document (e.g. Title Deed/Certificate) (if available) Lease Agreement (if available)
- WASA Bill (if available) Building Plans (if available) Survey Plan (if available)

Instructions: For land with only Residential buildings/living units, complete Sections 1-5, 6 and 8 only. For land with only commercial buildings/units, complete Sections 1-5, 7 and 8 only. For agricultural land only complete Sections 1-5 and 8 only. For mixed use lands, complete Sections 1-5, 6 and 7 as (applicable) and 8. Where there is need for more space to enter details (e.g. to add more floors), please copy and attach the relevant section as necessary.

1. Owner Details:

Owner Name: _____

Mailing Address of Owner:

Lot #: _____ House #: _____ LP#: _____ MM#: _____

Street Name: _____

Town/Area/Community: _____

Postal Code: _____ Apartment #: _____ Building #: _____

City/Municipal Corporation: _____

Contact Details:

Land Line Number: _____ Mobile Number: _____

Email: _____

National ID _____ Passport _____ DP _____

2a. **Property Details:** Address of property to be assessed: _____ Same as Owner:

Lot #: _____ House #: _____ LP#: _____ MM#: _____

Street Name: _____

Town/Area/Community: _____

Postal Code: _____ Apartment #: _____ Building #: _____

City/Municipal Corporation: _____

Is the property occupied by someone other than the owner? Yes No

If yes, please provide the details below:

2b. Occupier's Name: _____

Land Line Number: _____ Mobile Number: _____

Email: _____

National ID _____ Passport _____ DP _____

3. **Property Use Category (Please tick all that are applicable)**

- | Residential | Commercial | Agricultural | Mixed Use |
|-------------------------------------------------|------------------------------------------|----------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Land Only | <input type="checkbox"/> Land Only | <input type="checkbox"/> Planted Crops | <input type="checkbox"/> Residential/Commercial |
| <input type="checkbox"/> Single Family Dwelling | <input type="checkbox"/> Office | <input type="checkbox"/> Vacant Land | <input type="checkbox"/> Residential/Agricultural |
| <input type="checkbox"/> Multi-Residential | <input type="checkbox"/> Retail | <input type="checkbox"/> Livestock | <input type="checkbox"/> Commercial/Agricultural |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Special Purpose | <input type="checkbox"/> Forest | <input type="checkbox"/> Other |
| <input type="checkbox"/> Homestead | <input type="checkbox"/> Other: | | |

4. **Title/Ownership Details**

Land: Freehold Leasehold Other

Certificate of Title: Volume: _____ Folio: _____ Deed #: _____

Was the property purchased within the last three (3) years? Yes No

If yes, what was the purchase price? _____

5. **Land Details:**

Land Area (as stated in the Title Document) : _____

Does the property contain a building? Yes No If yes, how many? _____

6a. Residential: *(To be filled out separately for each building or self-contained unit)*

Building Completion Date: _____ No of Floors: _____
 Area: Basement: _____ GF: _____ FF: _____ SF: _____ Other: _____

Is any part of the building used for Commercial activities? Yes: No:

Is the building being rented? Yes: No:

If Yes, please provide the following details that are applicable: Total No. of Apartments: _____

Floor	Name of Tenant/Lessee	Current Rent Per Month \$	Service Charge per month \$	Date from which the occupier began paying rent dd-mm-yyyy

6b. Building Details:

Flooring:

Ceramic Tiles Timber Carpet Plyboard
 Porcelain Tiles Laminate Reinforced Concrete Other:
 Clay Tiles Vinyl Terrazzo

Ceiling:

Drop Ceiling Tiles Gypsum Board Concrete None
 Decorative Plywood Hardboard PVC Other:
 Grooved Plywood Celotex Gypsum Tiles

6c. Building Defects: (repairs required for roof, ceiling, walls, floors, electrical wiring, other)

6d. Accommodation on each floor:

Room Type	No. on GF	No. on FF	No. on SF	Other:
Bedroom Only				
Bedrooms with a Bathroom Attached				
Bathroom (Toilet, Shower & Sink)				
External bathroom/latrine				
Half Bathroom (Toilet with Sink)				
Kitchen				
Living				
Dining				
Living/Dining				
Porch				
Carport/Garage				
Shed				
Laundry				
Study				
TV Room				
Servant Quarters				
Other:				

6e. Sundries Available to the Building:

Air Conditioning: Central Split Unit Window Unit
 Enclosed Garage Pool: In Ground Surface

6f. Directions to Property from the closest main road:

7a. Commercial: (To be filled out separately for each building or self-contained unit):

Building Completion Date: _____ No of Floors: _____

Area: Basement: _____ GF: _____ FF: _____ SF: _____ Other: _____

Is any part of the building **not** used for Commercial activities? Yes: No:

Is the building being rented? Yes: No:

If Yes, please provide the following details that are applicable: Total No. of Units: _____

Floor	Name of Tenant/Lessee	Current Rent Per Month \$	Service Charge per month \$	Start of Payment dd-mm-yyyy

7b. Building Details:

Flooring:

Ceramic Tiles Timber Carpet Plyboard
 Porcelain Tiles Laminate Reinforced Concrete Other:
 Clay Tiles Vinyl Terrazzo

Ceiling:

Drop Ceiling Tiles Gypsum Board Concrete None
 Decorative Plywood Hardboard PVC Other:
 Grooved Plywood Celotex Gypsum Tiles

7c. Building Defects: (repairs required for roof, ceiling, walls, floors, electrical wiring & other)

7d. List of installed Plant and/or Machinery:

Item No.	Name of Item or (Brief Description or Purpose)	Manufacturer	Model #	Installed Cost (\$TT)	Date of Installation/Commission

7e. Accommodation on each floor:

Room Type (Insert as necessary)				Other:
Office				
Office with a Bathroom Attached				
Bathroom (Toilet, Shower & Sink)				
Half Bathroom (Toilet with Sink)				
Kitchen				

7f. Sundries Available to the Building:

Air Conditioning: Central Split Unit Window Unit

7g. Directions to Property from closest main road:

8. Declaration: I declare that the information and particulars given by me in this Return are true and correct and that the enclosures and documentary proof submitted are true copies of the original documents. I am fully responsible for the accuracy of the same.

Signature: _____

Date: _____