



EMALAHLENI LOCAL MUNICIPAL COUNCIL

AFFIDAVIT

I/We _____ the Registered Title Holder of the mentioned vehicle hereby applies, under oath, to the Emalahleni Local Municipality for a Duplicate Registration Certificate.

The particulars of my/our vehicle are as follows:

REGISTRATION NUMBER: _____ REGISTER NUMBER: _____

MAKE: _____ VIN/CHASSIS NUMBER _____

The Original Document is Lost/Burned/Defaced/Numbers Altered *

I/We herewith exempt the Emalahleni Local Municipality of any actions that might arise as a result of the issuing of this Duplicate Registration Certificate.

I am conversant with and understand the content of this declaration.

I have no objection to take the prescribed oath.

I consider the prescribed oath to be binding to my conscience.

SIGNATURE OF DEPONENT

ID NUMBER

This affidavit was sworn to be affirmed before me at _____ on date _____

SIGNATURE OF COMMISSIONER OF OATHS

DATE STAMP

REGISTRATION CERTIFICATE LOST: TITLE HOLDER

Documents required:

1. CDV Form
2. DCT FORM
3. Copy of ID Certified by SAPS
4. This affidavit Affirmed by SAPS

NB: Title Holder Must Submit Application in Person

***Delete which is not applicable**