



EMALAHLENI

Local Municipal Council

P.O. BOX 3
WITBANK MPUMALANGA 1035

Tel: (013) 690 6911
Fax: (013) 690 6207

Ogies
Tel: (013) 613 1027 / 643 1150

Kriel
Tel: (013) 648 2241 / 648 2254

Emalahleni Local Municipality, _____ Driving Licence Testing Centre

To: THE OFFICER COMMANDING SAPS OF _____

Mr / Ms / Mrs _____ ID Number: _____

Applied at this licence-testing centre for a professional driving permit (PrDP)

You are requested to report on any convictions as identified in Regulation 117(c) of the National Road Traffic Act (Act 93 of 1996); Thus;

- Driving a motor vehicle while under the influence of intoxicating liquor or drug having a narcotic effect.
- Driving a motor vehicle while the concentration of alcohol in his / her blood or breath exceeded a statutory limitation.
- Reckless driving.
- An offence of which violence was an element.

FOR CHIEF LICENSING OFFICER

DATE

To: THE CHIEF LICENSING OFFICER

The above mentioned application refers and I declare the following:

- That I have identified the applicant by means of positive identification;
- That the palm and finger prints were taken by a police officer from this station and,
- Based on the information received from the Criminal Record Centre the following was found:

1. No criminal record as identified in Regulation 117(c) ☐

2. A criminal record as referred to in Regulation 117(c) ☐

(i) _____

Date _____

(i) _____

Date _____

Record of inquiry from the Criminal Record Centre shall be attached to this letter

OFFICER COMMANDING SAPS

DATE

FORCE NUMBER

APPLICATION FOR PROFESSIONAL DRIVING PERMIT - AANSOEK OM PROFESSIONELE BESTUURSPERMIT

Surname _____ Familiernaam _____

Christian names _____ Voornam _____

Permanent residential address _____ Permanente woonadres _____

Postal address _____ Posadres _____

Race _____ Ras _____

Date of birth _____ Geboortedatum _____

(Proof of age must be furnished if required by registering authority).

Mark with X class of public motor vehicle for which public driving permit desired (section 88)

- (a) passengers or passengers and goods
(b) goods only

- *1. I do not suffer from one or other of the following diseases or disabilities.
(a) uncontrolled epilepsy;
(b) liability to sudden attacks of disabling giddiness or fainting due to hypertension or any other cause.
(c) any form of mental illness to such a degree that it is necessary that he / she be detained, supervised, controlled and treated as a patient in terms of the Mental health Act, 1973 (Act no. 18 of 1973); (273)
(d) any condition causing muscular inco-ordination;
(e) uncontrolled diabetes mellitus;
(f) defective vision;
(g) any disease or disability which is likely to render me incapable of efficiently driving and controlling a motor vehicle of a class applied for without endangering public safety.
- *2. I am not addicted to the use of any drug having a narcotic effect or the excessive use of intoxicating liquor.
- *3. I attach a certificate by a medical practitioner in support of my statements marked *(only required in respect of public motor vehicles for the conveyance of passengers or passengers and goods).
4. I have not been convicted of:
(a) driving a motor vehicle while under the influence of intoxicating liquor or any drug having a narcotic effect; or
(b) reckless driving (if so convicted a permit may only be issued subject to the consent of the Administrator).
5. I am the holder of the following public driving permit:
6. I am not prohibited from obtaining a public driving permit by reason of any suspension or cancellation of a public driving permit.
7. This application is accompanied by two photographs of myself *(only required if registering authority not already in possession of photograph). (163)
8. I declare the above particulars to be true and correct.

(Bewys van ouderdom moet gelewer word indien verlang deurregistrasie-owerheid)

Trek 'n X teenoor klas openbare motorvoertuig waarvoor openbare bestuurpermit verlang word (artikel 88)

- (a) passasiers of passasiers en goedere
(b) slegs gedoen

- *1. Ek ly nie aan een of ander van die volgende siektes of gebreke nie
(a) onbeheerde epilepsie
(b) onderhewigheid aan sieklike aanvalle van ontredende duiseligheid of floute te wyte aan hipertensie of enige ander oorsaak.
(c) enige vorm van geestesongesteldheid in so 'n mate dat dit noodsaaklik is dat hy / sy pasiënt ingevolge die Wet op Geestesgesondheid 1973 (Wet No. 18 van 1973), aangehou, onder toesig gehou, beheer en handel word; (273)
(d) enige toestand wat spierkoördinasie veroorsaak;
(e) onbeheerde diabetes mellitus;
(f) gebrekkige gesigsvermoë;
(g) enige siekte of liggaamsgebrek wat my waarskynlik onbekwaam sal maak om 'n motorvoertuig van die klas waarom aansoek gedoen word, op doeltreffend wyse te beheer sonder om vir die publiek 'n gevaar te wees.
- *2. Ek is nie verslaaf aan die gebruik van 'n verdowingsmiddel wat 'n narkotiese effek het of oormagtige gebruik van sterk drank nie.
- *3. Ek heg hierby 'n sertifikaat deur 'n geneesheer te ondersteuning van my verklaring gemerk *(slegs nodig ingeval van openbare motorvoertuig vir die vervoer van passasiers of passasiers en goedere).
4. Ek is nie skuldig bevind aan:
(a) die bestuur van 'n motorvoertuig tewel onder die invloed van sterk drank of enige verdewingsmiddel wat 'n narkotiese effek het;
(b) roeklose bestuur nie. (Indien aldus skuldig bevind, kan permit slegs uitgereik word onderworpe aan die goedkeuring van die Administrateur).
5. Ek is die houder van die volgende bestuurpermit.
6. Ek is nie belet om openbare bestuurpermit te verkry nie omrede enige opskoting of kansellering van 'n openbare bestuurpermit.
7. Hierdie aansoek is vergeesels van twee foto's van myself. (Slegs nodig indien registrasieowerheid nie reeds in besit van foto is nie). (163)
8. Ek verklaar dat bovermelde besonderhede waar en juis is.

PENALTY FOR FALSE DECLARATION R200 OR
6 MONTHS OR BOTHVALSE VERKLARING STRAFBAAR MET R200 OF
6 MAANDE OF BEIDE_____
Signature of applicant / Handtekening van applikant

DATE _____ DATUM _____

REPUBLIEK VAN SUID-AFRIKA

REPUBLIC OF SOUTH AFRICA

**AANSOEK OM
SERTIFIKAAT/DUPLIKAAT
DOKUMENT T.O.V. MOTORVOERTUIG**

(Padverkeerswet, 1989, Art 14)

**APPLICATION FOR
CERTIFICATE/DUPLICATE
DOCUMENT IRO MOTOR VEHICLE**

(Road Traffic Act, 1989, Section 14)

NB: Duplikate van klaringsbewyse (lisensieskryfies) word nie toegelaat nie.

NB: Duplicates of clearance certificate (licence discs) are not permitted.

LET WEL: By 'n aansoek om 'n duplikaat van 'n registrasie - of deregistrasiesertifikaat, is aanvaarbare identifikasie van die titelhouer noodsaaklik (insluitend die van die gevolmagtigde of verteenwoordiger).

NOTE : For an application for a duplicate of a registration or deregistration certificate, acceptable identification of the title holder is essential (including that of the proxy or representative).

LYS VAN MOONTLIKE TRANSAKSIES	Merk met 'n X Mark with a X	LIST OF POSSIBLE TRANSACTIONS
AANSOEK OM:		APPLICATION FOR:
Duplikaat van registrasiesertifikaat of deregistrasiesertifikaat (skrappingsertifikaat)		Duplicate of registration certificate or deregistration (scrapping) certificate
Sertifikaat van voertuigbesonderhede uit register van voertuie		Certificate of vehicle particulars from register of vehicles

BESONDERHEDE VAN TITELHOUER	PARTICULARS OF TITLE HOLDER				
Soort identifikasie (merk met X) Identifikasienommer Land van uitreiking indien buitelandse ID Van en voorletters / naam van instelling Telefoonnommer bedags (Kode/Code)	<table border="1"> <tr> <td>Verkeersregisternr. Traffic register number</td> <td>RSA-ID dok. RSA ID doc.</td> <td>Buitelandse ID Foreign ID</td> <td>Besigheids reg. nr. Business reg. number</td> </tr> </table> Type of identification (mark with X) Identification number Country of issue if foreign ID Surname and initials / name of organisation Telephone number during day (Nommer/number)	Verkeersregisternr. Traffic register number	RSA-ID dok. RSA ID doc.	Buitelandse ID Foreign ID	Besigheids reg. nr. Business reg. number
Verkeersregisternr. Traffic register number	RSA-ID dok. RSA ID doc.	Buitelandse ID Foreign ID	Besigheids reg. nr. Business reg. number		

INSTELLING SE GEVOLMAGTIGDE / VERTEENWOORDIGER	ORGANISATION'S PROXY / REPRESENTATIVE				
Soort identifikasie (merk met X) Identifikasienommer Land van uitreiking indien buitelandse ID Van en voorletters	<table border="1"> <tr> <td>Verkeersregisternr. Traffic register number</td> <td>RSA-ID dok. RSA ID doc.</td> <td>Buitelandse ID Foreign ID</td> <td>Besigheid. reg. nr. Business reg. number</td> </tr> </table> Type of identification (mark with X) Identification number Country of issue if foreign ID Surname and initials	Verkeersregisternr. Traffic register number	RSA-ID dok. RSA ID doc.	Buitelandse ID Foreign ID	Besigheid. reg. nr. Business reg. number
Verkeersregisternr. Traffic register number	RSA-ID dok. RSA ID doc.	Buitelandse ID Foreign ID	Besigheid. reg. nr. Business reg. number		

IDENTIFIKASIE VAN MOTORVOERTUIG	IDENTIFICATION OF MOTOR VEHICLE
Registrasienommer Voertuigregisternommer Indien beskikbaar Onderstelnummer/VIN Fabrikaat Reeksnaam (beskryf volledig) Enjinnummer Geen enjin No engine	Registration number Vehicle register number (if available) Chassis number/VIN Make Series name (describe in full) Engine number Control number of registration certificate/ deregistration certificate

VERKLARING		DECLARATION
Ek, die _____ I, the _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Titelhouer Title holder </div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Instelling se gevolmagtigde Organisation's proxy </div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Instelling se verteenwoordiger Organisation's representative </div>
<p>(a) verklaar dat alle besonderhede wat deur my op hierdie vorm verstrek is, waar en korrek is; en</p> <p>(b) beseef dat 'n vals verklaring strafbaar is met 'n boete van hoogstens R20 000 of een jaar gevangenisstraf of beide.</p>	<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Handtekening _____ Signature _____ </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Plek _____ Place _____ </div> <div style="display: flex; justify-content: space-between; align-items: center;"> Datum <div style="display: flex; align-items: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">:</div> </div> Date </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> J/Y M D </div> </div>	<p>(a) declare that all the particulars furnished by me in this form are true and correct; and</p> <p>(b) realise that a false declaration is punishable with a fine of R20 000 or one year imprisonment or both</p>

NET VIR KANTOORGEBRUIK		FOR OFFICE USE ONLY
Gelde betaal en reeksnommer van kwitansie	R en and	<div style="border: 1px solid black; display: flex; height: 20px; width: 100%;"></div>
Beheernommer van registrasiesertifikaat/ deregistrasiesertifikaat	<div style="border: 1px solid black; display: flex; height: 20px; width: 100%;"></div>	Fees paid and serial number of receipt
Datum van transaksie (effektiewe datum)	<div style="border: 1px solid black; display: flex; align-items: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">:</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> J/Y M D </div>	Control number of registration certificate/ deregistration certificate
Handtekening van beampte(s)	_____ <i>Toonbank / Counter</i>	_____ <i>Datavaslegging / Data capturing</i>
		Signature of official(s)

MEDICAL CONDITION		MEDIESE TOESTAND					
Medical practitioner's judgement on whether the applicant's condition in respect of the following disorders will affect the applicant's ability to drive a motor vehicle without endangering public safety:		Mediese praktisyn se oordeel of die aansoeker se toestand met betrekking tot die volgende ongesteldhede, die aansoeker se vermoë om 'n motorvoertuig te bestuur sonder om die publiek in gevaar te stel, sal beïnvloed:					
a. Diabetes mellitus (requiring medication).	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">yes</td> <td style="padding: 2px 5px;">no</td> </tr> <tr> <td style="padding: 2px 5px;">ja</td> <td style="padding: 2px 5px;">nee</td> </tr> </table>	yes	no	ja	nee	a. Diabetes mellitus (benodig medikasie).	
yes	no						
ja	nee						
b. Thrombosis or any other coronary disease.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">yes</td> <td style="padding: 2px 5px;">no</td> </tr> <tr> <td style="padding: 2px 5px;">ja</td> <td style="padding: 2px 5px;">nee</td> </tr> </table>	yes	no	ja	nee	b. Trombose of enige ander koronêre siekte.	
yes	no						
ja	nee						
c. Respiratory dysfunction.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">yes</td> <td style="padding: 2px 5px;">no</td> </tr> <tr> <td style="padding: 2px 5px;">ja</td> <td style="padding: 2px 5px;">nee</td> </tr> </table>	yes	no	ja	nee	c. Asemhalingswanfunksie.	
yes	no						
ja	nee						
d. High blood pressure.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">yes</td> <td style="padding: 2px 5px;">no</td> </tr> <tr> <td style="padding: 2px 5px;">ja</td> <td style="padding: 2px 5px;">nee</td> </tr> </table>	yes	no	ja	nee	d. Hoë bloeddruk.	
yes	no						
ja	nee						
e. Epilepsy, muscular, vascular or neuro muscular disease.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">yes</td> <td style="padding: 2px 5px;">no</td> </tr> <tr> <td style="padding: 2px 5px;">ja</td> <td style="padding: 2px 5px;">nee</td> </tr> </table>	yes	no	ja	nee	e. Epilepsie, spier-, vaskulêre of senuwee-aantastende siekte.	
yes	no						
ja	nee						
f. Mental, nervous or functional disease or psychiatric disorder.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">yes</td> <td style="padding: 2px 5px;">no</td> </tr> <tr> <td style="padding: 2px 5px;">ja</td> <td style="padding: 2px 5px;">nee</td> </tr> </table>	yes	no	ja	nee	f. Brein, senuwee of funksionele siekte of sielkundige afwyking.	
yes	no						
ja	nee						
g. Loss of hearing (need for hearing aid should be recorded).	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">yes</td> <td style="padding: 2px 5px;">no</td> </tr> <tr> <td style="padding: 2px 5px;">ja</td> <td style="padding: 2px 5px;">nee</td> </tr> </table>	yes	no	ja	nee	g. Verlies van gehoor (behoefte aan gehoortoestel moet aangeteken word).	
yes	no						
ja	nee						
h. Excessive use of intoxicating liquor, amphetamines, narcotics or any habit forming drug.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">yes</td> <td style="padding: 2px 5px;">no</td> </tr> <tr> <td style="padding: 2px 5px;">ja</td> <td style="padding: 2px 5px;">nee</td> </tr> </table>	yes	no	ja	nee	h. Oormatige gebruik van sterk drank, amfetamines, dwelms of enige ander gewoonte-vormende middels.	
yes	no						
ja	nee						
i. Alcoholism.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">yes</td> <td style="padding: 2px 5px;">no</td> </tr> <tr> <td style="padding: 2px 5px;">ja</td> <td style="padding: 2px 5px;">nee</td> </tr> </table>	yes	no	ja	nee	i. Alkoholisme.	
yes	no						
ja	nee						
j. Impairment of the use of an arm, hand or fingers, leg or foot.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">yes</td> <td style="padding: 2px 5px;">no</td> </tr> <tr> <td style="padding: 2px 5px;">ja</td> <td style="padding: 2px 5px;">nee</td> </tr> </table>	yes	no	ja	nee	j. Aantasting van die gebruik van 'n arm, hand of vingers, been of voet.	
yes	no						
ja	nee						
k. Loss of limbs (leg, foot, arm or hand, need for artificial limbs should be recorded).	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">yes</td> <td style="padding: 2px 5px;">no</td> </tr> <tr> <td style="padding: 2px 5px;">ja</td> <td style="padding: 2px 5px;">nee</td> </tr> </table>	yes	no	ja	nee	k. Verlies aan ledemate (been, voet, arm of hand, behoefte aan kunsledemate moet aangeteken word).	
yes	no						
ja	nee						
l. Any other disease or disability.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">yes</td> <td style="padding: 2px 5px;">no</td> </tr> <tr> <td style="padding: 2px 5px;">ja</td> <td style="padding: 2px 5px;">nee</td> </tr> </table>	yes	no	ja	nee	l. Enige ander siekte of ongeskiktheid.	
yes	no						
ja	nee						
If the answer to any of the above was "Yes", give full details:		Indien die antwoord op enige van die bostaande "Ja" was, verskaf volledige besonderhede:					

DECLARATION		VERKLARING					
I, the medical practitioner:		Ek, die mediese praktisyn:					
(a) declare the applicant, excluding the eye test, for purposes of driving a motor vehicle, as	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">medically fit</td> <td style="padding: 2px 5px;">medically unfit</td> </tr> <tr> <td style="padding: 2px 5px;">medies geskik</td> <td style="padding: 2px 5px;">medies ongeskik</td> </tr> </table>	medically fit	medically unfit	medies geskik	medies ongeskik	(a) verklaar die aansoeker, die oogtoets uitgesluit, vir doeleindes van die bestuur van 'n motorvoertuig, as	
medically fit	medically unfit						
medies geskik	medies ongeskik						
(b) declare that all the particulars furnished by me in this form are true and correct; and	<div style="display: flex; justify-content: space-between;"> <div>Signature</div> <div>Handtekening</div> </div>		(b) verklaar dat alle besonderhede wat deur my op hierdie vorm verstrekte is, waar en korrek is; en				
(c) realise that a false declaration is punishable with a fine or one year imprisonment or both.	<div style="display: flex; justify-content: space-between;"> <div>Place</div> <div>Plek</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Date</div> <div style="border: 1px solid black; padding: 2px 10px;"> <div style="display: flex; justify-content: space-between; width: 100%;"> 2:0 : : : </div> </div> <div>Datum</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Y/J M D </div>		(c) beseef dat 'n vals verklaring strafbaar is met 'n boete of een jaar gevangenisstraf of beide.				

Date stamp of
office of Doctor

Datumstempel van
kantoor van Dokter

**NOTIFICATION OF CHANGE
OF OWNERSHIP/SALE
OF MOTOR VEHICLE**
(National Road Traffic Act, 1996)



**KENNISGEWING VAN VERANDERING
VAN EIENAARSKAP/VERKOOP
VAN MOTORVOERTUIG**
(Nasionale Padverkeerswet, 1996)

NOTE: in terms of regulation 53 no person may buy, sell or trade with an unregistered or unlicensed motor vehicle.

LET WEL: Ingevolge regulasie 53 mag geen persoon 'n ongeregisteerde of ongelisensieerde motorvoertuig koop, verkoop of daarmee andel dryf nie.

CHANGE OF TITLE HOLDER
(e.g. bank, cash buyer, etc.)

- (1) The **seller** must duly complete **parts A and C** and the **buyer part B**.
- (2) The seller must sign off the current registration certificate and hand it over to the buyer.
- (3) the seller must deliver this notice to his/her appropriate registering authority within 21 days after the date on which the motor vehicle was sold.
- (4) The buyer must apply for registration of the motor vehicle to his/her appropriate registering authority on form RLV or MVR1A, with 21 days after the date on which the vehicle was purchased/acquired. The application must be accompanied by the current registration certificate.

VERANDERING VAN TITELHOUER
(bv. bank, kontantkoper, ens.)

- (1) Die **verkoper** moet **dele A en C** volledig voltooi en die **koper deel B**.
- (2) Die verkoper moet die huidige registrasiesertifikaat afteken en dit aan die koper oorhandig.
- (3) Die verkoper moet hierdie kennisgewing binne 21 dae na die datum waarop die motorvoertuig verkoop is, aan sy/haar toepaslike registrasie-owerheid besorg.
- (4) Die koper moet binne 21 dae na die datum waarop die motorvoertuig aangekoop/verkry is, by sy/haar toepaslike registrasie-owerheid op vorm RLV of MVR1A aansoek doen om registrasie van die motorvoertuig. Die aansoek moet vergesel gaan van die huidige registrasiesertifikaat.

CHANGE OF OWNER

The **owner** must duly complete **parts A and C** of this form and deliver it to his/her appropriate registering authority within 21 days after the date of change

VERANDERING VAN EIENAAR

Die **eienaar** moet **dele A en C** van hierdie vorm volledig voltooi en dit binne 21 dae na die datum van verandering aan sy/haar toepaslike registrasie owerheid besorg.

PARTICULARS OF SELLER/OWNER				A	BESONDERHEDE VAN VERKOPER/EIENAAR		
Type of identification (mark with X)	<input type="checkbox"/> traffic register No. Verkeersregisterno. <input type="checkbox"/> RSA ID RSA-ID <input type="checkbox"/> Foreign ID Buitelandse ID <input type="checkbox"/> Business reg.no Besigh. reg.no.			Soort identifikasie (merk met X)			
Identification number	<div style="border: 1px solid black; width: 100%; height: 1.2em; display: flex; flex-direction: row-reverse;"> <div style="width: 100%;"></div> </div>				Identifikasienommer		
Country of issue if foreign ID	<div style="border: 1px solid black; width: 100%; height: 1.2em; display: flex; flex-direction: row-reverse;"> <div style="width: 100%;"></div> </div>				Land van uitreiking indien buitelandse ID		
Surname and initials/name of organisation	<div style="border: 1px solid black; width: 100%; height: 1.2em; display: flex; flex-direction: row-reverse;"> <div style="width: 100%;"></div> </div>				Van en voorletters/naam van instelling		
E-mail address	<div style="border: 1px solid black; width: 100%; height: 1.2em; display: flex; flex-direction: row-reverse;"> <div style="width: 100%;"></div> </div>				E-pos adres		
Contact telephone number during day	<div style="border: 1px solid black; width: 100%; height: 1.2em; display: flex; flex-direction: row-reverse;"> <div style="width: 100%;"></div> </div>	<div style="border: 1px solid black; width: 100%; height: 1.2em; display: flex; flex-direction: row-reverse;"> <div style="width: 100%;"></div> </div>	<div style="display: flex; justify-content: space-between;"> code/kode) (number/nommer) </div>				Kontaktelefoonnommer bedags
ORGANISATION'S PROXY/REPRESENTATIVE				INSTELLING SE GEVOLMAGTIGDE/VERTEENWOORDIGER			
Type of identification (mark with X)	<input type="checkbox"/> Traffic register No. Verkeersregisterno. <input type="checkbox"/> RSA ID doc. RSA-ID-dok. <input type="checkbox"/> Foreign ID Buitelandse ID			Soort identifikasie (merk met X)			
Identification number	<div style="border: 1px solid black; width: 100%; height: 1.2em; display: flex; flex-direction: row-reverse;"> <div style="width: 100%;"></div> </div>				Identifikasienommer		
Country of issue if foreign ID	<div style="border: 1px solid black; width: 100%; height: 1.2em; display: flex; flex-direction: row-reverse;"> <div style="width: 100%;"></div> </div>				Land van uitreiking indien buitelandse ID		
Surname and initials	<div style="border: 1px solid black; width: 100%; height: 1.2em; display: flex; flex-direction: row-reverse;"> <div style="width: 100%;"></div> </div>				Van en voorletters		
DECLARATION				VERKLARING			
I, the		Ek, die					
<div style="border: 1px solid black; width: 100%; height: 1.2em; display: flex; flex-direction: row-reverse;"> <div style="width: 100%;"></div> </div>	<div style="border: 1px solid black; width: 100%; height: 1.2em; display: flex; flex-direction: row-reverse;"> <div style="width: 100%;"></div> </div>	<div style="border: 1px solid black; width: 100%; height: 1.2em; display: flex; flex-direction: row-reverse;"> <div style="width: 100%;"></div> </div>	<div style="border: 1px solid black; width: 100%; height: 1.2em; display: flex; flex-direction: row-reverse;"> <div style="width: 100%;"></div> </div>	<div style="border: 1px solid black; width: 100%; height: 1.2em; display: flex; flex-direction: row-reverse;"> <div style="width: 100%;"></div> </div>	<div style="border: 1px solid black; width: 100%; height: 1.2em; display: flex; flex-direction: row-reverse;"> <div style="width: 100%;"></div> </div>		
seller verkoper	owner eienaar	organisation's proxy instelling se gevolmagtigde	organisation's representative instelling se verteenwoordiger	motor dealer motorhandelaar			
<p>(a) *declare that I have disposed of or delivered the motor vehicle in PART C to the buyer in PART B* (*: Delete if a notification of change of owner);</p>				<p>(a) *verklaar dat ek die motorvoertuig in DEEL C aan die koper in DEEL B van die hand gesit of gelewer het* (*: Skrap indien 'n kennisgewing van verandering van eienaar).</p>			
<p>(b) declare that all the particulars furnished by me in this form are true and correct; and</p>				<p>(b) verklaar dat alle besonderhede wat deur my op hierdie vorm verstrek is, waar en korrek is; en</p>			
<p>© realise that a false declaration is punishable with a fine or one year imprisonment or both.</p>				<p>(c) besef dat 'n vals verklaring strafbaar is met 'n boete of een jaar gevangenisstraf of beide.</p>			
<p>Signature Handtekening</p> <p>Place Plek</p> <p>Date <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 1.2em; display: flex; flex-direction: row-reverse;"> <div style="width: 100%;"></div> </div> <div style="margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 40px; height: 1.2em; display: flex; flex-direction: row-reverse;"> <div style="width: 100%;"></div> </div> <div style="margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 40px; height: 1.2em; display: flex; flex-direction: row-reverse;"> <div style="width: 100%;"></div> </div> <div style="margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 40px; height: 1.2em; display: flex; flex-direction: row-reverse;"> <div style="width: 100%;"></div> </div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> J/Y M D Datum </div> </p>				<p>Dealer stamp/Handelaarsstempel</p>			

TURN OVER

BLAAI OM



DECLARATION IN RESPECT OF LOST DOCUMENTS

(National Road Traffic Act, 1996)

VERKLARING TEN OPSIGTE VAN VERLORE DOKUMENTE

(Nasionale Padverkeerswet, 1996)

NOTE: Acceptable identification is essential.

LET WEL: Aanvaarbare identifikasie is noodsaaklik.

PARTICULARS OF APPLICANT

BESONDERHEDE VAN AANSOEKER

Type of identification (mark with X)	traffic register no. verkeersregisternr.	RSA ID RSA ID	foreign ID buitelandse ID	business reg. no. besigh.reg.nr.	Soort identifikasie (merk met X)
Identification number	<div></div>				Identifikasienommer
Country of issue if foreign ID	<div></div>				Land van uitreiking indien buitelandse ID
Surname and initials/Name of organisation	<div></div> and <div></div>				Van en voor- letters/Naam van instelling
E-mail address	<div></div>				E-pos adres
Contact telephone number during day	<div></div> - <div></div> (code/kode) (number/nommer)				Kontaktelefoonnommer bedags
Street address	<div></div>				Straatadres
Suburb	<div></div>				Voorstad
City/Town	<div></div> (postal code/poskode)				Stad/Dorp

ORGANISATION'S PROXY/REPRESENTATIVE

INSTELLING SE GEVOLMAGTIGDE/VERTEENWOORDIGER

Type of identification (mark with X)	<table border="1"> <tr> <td>traffic register no. verkeersregisternr.</td> <td>RSA ID RSA ID</td> <td>foreign ID buitelandse ID</td> </tr> </table>	traffic register no. verkeersregisternr.	RSA ID RSA ID	foreign ID buitelandse ID	Soort identifikasie (merk met X)
traffic register no. verkeersregisternr.	RSA ID RSA ID	foreign ID buitelandse ID			
Identification number	<input type="text"/>	Identifikasienummer			
Country of issue if foreign ID	<input type="text"/>	Land van uitreiking indien buitelandse ID			
Surname and initials	<input type="text"/> and <input type="text"/>	Van en voorletters			

PARTICULARS OF ORIGINAL DOCUMENT

BESONDERHEDE VAN OORSPRONKLIKE DOKUMENT

Full description of lost document											Volledige beskrywing van verlore dokument			
Reason	lost verlore	stolen gesteel	destroyed vernietig	other (specify): ander (spesifiseer):										Rede

DECLARATION

VERKLARING

I, the		Ek, die
applicant aansoeker	organisation's proxy instelling se gevolmagtigde	organisation's representative instelling se verteenwoordiger

<p>(a) declare that I shall surrender the original document if it is found;</p> <p>(b) declare that all the particulars furnished by me in this form are true and correct; and</p> <p>(c) realise that a false declaration is punishable with a fine or one year imprisonment or both.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Signature</td> <td style="width: 40%; padding: 5px;">Handtekening</td> </tr> <tr> <td style="padding: 5px;">Place</td> <td style="padding: 5px;">Plek</td> </tr> <tr> <td style="padding: 5px;">Date</td> <td style="padding: 5px;">Datum</td> </tr> </table> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Y/I M D </div>	Signature	Handtekening	Place	Plek	Date	Datum	<p>(a) verklaar dat ek die oorspronklike dokument sal inlewer indien dit gevind word;</p> <p>(b) verklaar dat alle besonderhede wat deur my op hierdie vorm verstrekk is, waar en korrek is; en</p> <p>(c) besef dat 'n vals verklaring strafbaar is met 'n boete of een jaar gevangenisstraf of beide.</p>
Signature	Handtekening							
Place	Plek							
Date	Datum							



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**