

DVT(2)(2005/08)

DVT

REPUBLIC OF SOUTH AFRICA

REPUBLIEK VAN SUID-AFRIKA

DIRECTIVE TO TAKE MOTOR VEHICLE TO TESTING STATION
(National Road Traffic Act, 1996)

OPDRAG OM MOTORVOERTUIG NA TOETSSTASIE TE NEEM
(Nasionale Padverkeerswet, 1996)

Where marked with an asterisk (*), deleted words not applicable.
Waar met 'n asterisk (*) gemerk, skrap wat nie van toepassing is nie.

No

PARTICULARS OF OPERATOR/OWNER/DRIVER*		BESONDERHEDE VAN OPERATEUR/EIENAAR/BESTUURDER*	
Type of acceptable identification/ driving licence* (mark with X)	<input type="checkbox"/> traffic register no. verkeersregisternr. <input type="checkbox"/> RSA ID RSA ID <input type="checkbox"/> foreign ID buitelandse ID	Soort aanvaarbare identifikasie/ bestuurslisensienommer* (merk met X)	
Traffic register number/identity number/ Driving licence number*	<input type="text"/>	Verkeersregisternommer/Identiteitsnommer/ Bestuurslisensienommer*	
Country of issue if foreign ID	<input type="text"/>	Land van uitreiking indien buitelandse ID	
Surname	<input type="text"/>	Van	
Initials and first names (not more than 3)	<input type="text"/> - <input type="text"/> (initials/voorletters) (first names/voorname)	Voorletters en voorname (hoogstens 3)	
E-mail address	<input type="text"/>	E-pos adres	
Contact telephone number during day	<input type="text"/> - <input type="text"/> (code/kode) (number/nommer)	Kontaktelefoonnommer bedags	
Street address	<input type="text"/>	Straatadres	
Suburb	<input type="text"/>	Voorstad	
City/Town	<input type="text"/>	Stad/Dorp	
	<input type="text"/>	(postal code/poskode)	

PARTICULARS OF MOTOR VEHICLE		BESONDERHEDE VAN MOTORVOERTUIG	
Licence number	<input type="text"/>	Lisensienommer	
Chassis number/VIN	<input type="text"/>	Onderstelnommer/VIN	
Engine number	<input type="checkbox"/> no engine geen enjin <input type="checkbox"/> or <input type="checkbox"/>	Enjinnommer	
Make	<input type="text"/>	Fabrikaat	
Series name (describe in full)	<input type="text"/>	Reeksnaam (beskryf volledig)	
Colour (mark with X)	<input type="checkbox"/> white wit <input type="checkbox"/> red rooi <input type="checkbox"/> blue blou <input type="checkbox"/> other (specify): ander (spesifiseer): <input type="text"/>	Kleur (merk met X)	
Odometer reading (if available)	<input type="checkbox"/> no odometer geen odometer <input type="checkbox"/> or <input type="text"/> km h	Odometer-lesing (indien beskikbaar)	
Licence disc number	<input type="text"/>	Lisensieskyfnommer	

NOTICE

KENNISGEWING

I suspect that the vehicle, the particulars of which are mentioned above, is unroadworthy, due to items mentioned alongside.

Ek vermoed dat die voertuig waarvan die besonderhede hierbo gemeld word, nie padwaardig is nie, en wel ten opsigte van items niernaas vermeld.

I accordingly direct that the said vehicle shall be produced before the undermentioned date and time at the testing station mentioned hereunder for examination and testing. In the event of you disregarding this notification, you will be liable for prosecution.

Ek gelas derhalwe dat die voertuig voor die ondervermelde datum en tyd na die ondervermelde toetsstasie vir ondersoek en toetsing gebring moet word. Indien u hierdie kennisgewing verontagsaam, kan u vervolg word.

Testing station	↓ ↓	Toetsstasie
Date and time	: : : : and en : :	Datum en tyd
Surname and initials of traffic officer	Y/J M D	Van en voorletters van verkeersbeampte
Infrastructure number of traffic officer	: : : : : : and en : : :	Infrastruktuurnommer van verkeersbeampte
Signature and date	_____ and en 2:0 : : : Y/J M D	Handtekening en datum
A copy of this notice has been forwarded to the said testing station.		*n Afskrif van hierdie kennisgewing is aan die genoemde toetsstasie gestuur.
*At the presentation of the vehicle, this notice will be cancelled by an examiner of vehicles.		*By die aanbieding van die voertuig, sal 'n ondersoeker van voertuie hierdie kennisgewing intrek.

FOR OFFICE USE ONLY	NET VIR KANTOORGEBRUIK
Name and signature of counter official _____ Name/Naam Signature/Handtekening Date/Datum	Naam en handtekening van toonbankbeampte
Name and signature of data capturing official _____ Name/Naam Signature/Handtekening Date/Datum	Naam en handtekening van datavasleggingsbeampte

EXAMINER OF VEHICLES	ONDERSOEKER VAN VOERTUIE
Please complete the following and return this notice to the Traffic Department:	Vul asseblief die onderstaande in en stuur hierdie kennisgewing terug aan die Verkeersdepartement:

The motor vehicle mentioned on the reverse side was/was not* presented at this testing station for examination and testing.	Die motorvoertuig gemeld op die keersy is/ls nie* by hierdie toetsstasie aangebied vir ondersoek en toetsing nie*.
Date and number of test	2:0 : : : and en : : : Datum en nommer van toets
Result	failed or passed nie geslaag nie of geslaag Uitslag
*The licence disc has been destroyed, the owner is being prosecuted and a notice to discontinue the use of the motor vehicle has been issued.	
*Die lisensieskyf is vernietig, die eienaar word vervolp en 'n kennisgewing om die gebruik van die motorvoertuig te staak is uitgereik.	
Comments:	Kommentaar:

Infrastructure number of testing station	_____ Infrastruktuurnommer van toetsstasie
Infrastructure number and name of examiner of vehicles	_____ and en _____ Infrastruktuurnommer en naam van ondersoeker van voertuie
Signature and date	_____ and en 2:0 : : : Y/J M D Handtekening en datum

FOR OFFICE USE ONLY	NET VIR KANTOORGEBRUIK
Name and signature of counter official _____ Name/Naam Signature/Handtekening Date/Datum	Naam en handtekening van toonbankbeampte
Name and signature of authorising official _____ Name/Naam Signature/Handtekening Date/Datum	Naam en handtekening van magtigingsbeampte
Name and signature of data capturing official _____ Name/Naam Signature/Handtekening Date/Datum	Naam en handtekening van datavasleggingsbeampte

ELF1(7)(2005/07)

ELF1

REPUBLIC OF SOUTH AFRICA

REPUBLIEK VAN SUID-AFRIKA

APPLICATION FOR SPECIAL CLASSIFICATION I.R.O. LICENCE FEES
(National Road Traffic Act, 1996)

White/
Wit

AANSOEK OM SPESIALE KLASSIFIKASIE T.O.V. LISENSIEGELDE
(Nasionale Padverkeerswet, 1996)

NOTE: Acceptable identification is essential.

LET WEL: Aanvaarbare identifikasie is noodsaaklik.

PARTICULARS OF OWNER/APPLICANT **BESONDERHEDE VAN EIENAAR/AANSOEKER**

Type of identification (mark with X)	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>traffic register no. verkeersregisternr.</td> <td>RSA ID RSA ID</td> <td>foreign ID buitelandse ID</td> <td>business reg. no. besigh.reg.nr.</td> </tr> </table>	traffic register no. verkeersregisternr.	RSA ID RSA ID	foreign ID buitelandse ID	business reg. no. besigh.reg.nr.	Soort identifikasie (merk met X)						
traffic register no. verkeersregisternr.	RSA ID RSA ID	foreign ID buitelandse ID	business reg. no. besigh.reg.nr.									
Identification number	<input style="width: 100%;" type="text"/>	Identifikasienumer										
Country of issue if foreign ID	<input style="width: 100%;" type="text"/>	Land van uitreiking indien buitelandse ID										
Gender of person/ Nature of organisation (mark with X)	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>male manlik</td> <td>female vroulik</td> <td>one-man business eenmansaak</td> <td>private company privaat maatskappy</td> <td>close corporation beslote korporasie</td> </tr> <tr> <td colspan="5">other (specify): ander (spesifiseer):</td> </tr> </table>	male manlik	female vroulik	one-man business eenmansaak	private company privaat maatskappy	close corporation beslote korporasie	other (specify): ander (spesifiseer):					Geslag van persoon/ Aard van instelling (merk met X)
male manlik	female vroulik	one-man business eenmansaak	private company privaat maatskappy	close corporation beslote korporasie								
other (specify): ander (spesifiseer):												
Surname/Name of organisation	<input style="width: 100%;" type="text"/>	Van/Naam van instelling										
Initials and first names (not more than 3)	<input style="width: 20%;" type="text"/> - <input style="width: 60%;" type="text"/>	Voorletters en voornam (hoogstens 3)										
E-mail address	<input style="width: 100%;" type="text"/>	E-pos adres										
Telephone number at home	<input style="width: 20%;" type="text"/> - <input style="width: 40%;" type="text"/> (code/kode) (number/nommer)	Telefoonnummer by woning										
Contact telephone number during day	<input style="width: 20%;" type="text"/> - <input style="width: 40%;" type="text"/> (code/kode) (number/nommer)	Kontaktelefoonnummer bedags										
Facsimile number	<input style="width: 20%;" type="text"/> - <input style="width: 40%;" type="text"/> (code/kode) (number/nommer)	Faksimilenummer										
Cellphone number	<input style="width: 100%;" type="text"/>	Selfoonnummer										
Postal address	<input style="width: 100%;" type="text"/>											
Suburb	<input style="width: 100%;" type="text"/>											
City/Town	<input style="width: 10%;" type="text"/>	Stad/Dorp										
Street address	<input style="width: 100%;" type="text"/>	Straatadres										
Suburb	<input style="width: 100%;" type="text"/>											
City/Town	<input style="width: 10%;" type="text"/>	Stad/Dorp										
Address where notices must be served (mark with X)	<table border="1" style="width: 100%;"> <tr> <td>postal address posadres</td> <td>street address straatadres</td> </tr> </table>	postal address posadres	street address straatadres	Adres waar kennisgewings beteken moet word (merk met X)								
postal address posadres	street address straatadres											

ORGANISATION'S PROXY/REPRESENTATIVE **INSTELLING SE GEVOLMAGTIGDE/VERTEENWOORDIGER**

Type of identification (mark with X)	<table border="1" style="width: 100%; text-align: center;"> <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 style="width: 100%;" type="text"/>	Identifikasienumer			
Country of issue if foreign ID	<input style="width: 100%;" type="text"/>	Land van uitreiking indien buitelandse ID			
Surname and initials	<input style="width: 80%;" type="text"/> and <input style="width: 10%;" type="text"/>	Van en voorletters			

TURN OVER

BLAAI OM

IDENTIFICATION OF MOTOR VEHICLE (if applicable)	IDENTIFIKASIE VAN MOTORVOERTUIG (indien van toepassing)
Licence number	Lisensienommer
Vehicle register number (if available)	Voertuigregisternommer (indien beskikbaar)
Chassis number/VIN	Onderstelnummer/VIN
Series name	Reeksnaam
Street address where vehicle can be inspected	Straatadres waar voertuig geïnspek- teer kan word
Suburb	Voorstad
City/Town	Stad/Dorp
	(postal code/poskode)

DECLARATION	VERKLARING
I, the	Ek, die
owner eienaar	organisation's proxy instelling se gevolmagtigde
	organisation's representative instelling se verteenwoordiger
(a) hereby apply for special classification in respect of licence fees of the above-mentioned motor vehicle of which I am the owner for the reasons mentioned alongside:	(a) doen hierby aansoek om spesiale klassifikasie ten opsigte van lisensiegelde van die motorvoertuig hierbo vermeld waarvan ek die eienaar is om die redes hiernaas vermeld:
(b) declare that all the particulars furnished by me in this form are true and correct; and	(b) verklaar dat alle besonderhede wat deur my op hierdie vorm verstrekk is, waar en korrek is; en
(c) realise that a false declaration is punishable with a fine or one year imprisonment or both.	(c) besef dat 'n vals verklaring strafbaar is met 'n boete of een jaar gevangenisstraf of beide.
Signature	Handtekening
Place	Plek
Date	Datum
	2:0 : : : Y/J M D

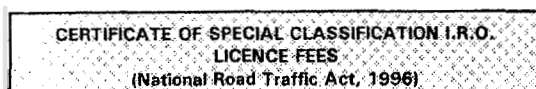
FOR OFFICE USE ONLY	NET VIR KANTOORGEBRUIK
Name and signature of counter official	Naam en handtekening van toonbankbeampte
Name/Naam	Signature/Handtekening
	Date/Datum
Particulars of special classification:	Besonderhede van spesiale klassifikasie:
Specific vehicle (e.g. vehicle 40 years or older - Reg 21(1)(e)); or	Spesifieke voertuig (bv. voertuig 40 jaar of ouer - Reg 21(1)(e)); of
Vehicle of owner (e.g. racing car - Reg 21(1)(d))	Voertuig van eienaar (bv. renmotor - Reg 21(1)(d))
Approved	Goedgekeur
	yes or no ja of nee
Name and signature of recommending official at registering authority	Naam en handtekening van aanbevelingsbeampte by registrasie-owerheid
Name/Naam	Signature/Handtekening
	Date/Datum
Level of authorisation	Vlak van magtiging
	registering authority Province registrasie-owerheid Provinsie
Name and signature of authorising official	Naam en handtekening van magtigingsbeampte
Name/Naam	Signature/Handtekening
	Date/Datum
Name and signature of data capturing official	Naam en handtekening van datavasleggingsbeampte
Name/Naam	Signature/Handtekening
	Date/Datum

ELF3(3)(2005/02)

ELF3

#CP\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$#

#CP\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$#



#cL#



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Type of identification	#C\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$#	Soort identifikasie
Identification number	#C\$\$\$\$\$\$\$\$\$\$\$\$#	Identifikasienommer
Country of issue	#C\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$#	Land van uitreiking
Name	#C\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$#	Naam
MOTOR VEHICLE		MOTORVOERTUIG
Vehicle register number	#C\$\$\$\$#	Voertuigregisternommer
Licence number	#C\$\$\$\$\$\$\$\$#	Lisensienommer
Vehicle identification number (VIN)	#C\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$#	Voertuigidentifikasienommer (VIN)
Make	#C\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$#	Fabrikaat
Reason for special classification	#C\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$#	Rede vir spesiale klassifikasie
Date on which special classification starts	#C\$\$\$\$\$\$\$\$#	Datum waarop spesiale klassifikasie begin

1. It is hereby certified that

- * the above-mentioned motor vehicle has
- * the above-mentioned motor vehicle of which you are the owner has

been specially classified in respect of the payment of motor vehicle licence fees as from the date mentioned above.

2. This classification shall expire on amendment or repeal of the regulation concerned or at any change of circumstances which will make this classification no longer applicable.

1. Hiermee word gesertifiseer dat

- * die bogenoemde motorvoertuig
- * die bogenoemde motorvoertuig waarvan u die eienaar is

spesiaal geklassifiseer is ten opsigte van die betaling van motorvoertuiglisensiegelde vanaf die datum hierbo vermeld.

2. Hierdie klassifikasie sal by wysiging of herroeping van die betrokke regulasie of by enige verandering in omstandighede wat hierdie klassifikasie nie meer van toepassing maak nie, verval.

Date

2:0	:	:	:
-----	---	---	---

Datum

Signature MEC responsible for Road Traffic/LUR verantwoordelik vir Padverkeer

Handtekening

#1U# #rD\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$#

ICS

Live Scan IMAGE CAPTURE SHEET

REPUBLIEK VAN SUID-AFRIKA

REPUBLIC OF SOUTH AFRICA



BEELDVASLEGGINGSVEL VIR
IDENTIFIKASIE VAN
BESTUURDER
(Padverdeerswet)

IMAGE SCANNING SHEET FOR
IDENTIFICATION OF DRIVER
(Road Traffic Act)

L4063A0000019

L4063A0000019

Datum 200Z 10 30 Date

Tyd 11h15 Time

Infrastruktuurnommer van bestuurders-lisensie-toetsentrum 4 0 6 3 Centurion Infrastructure number of driving licence testing centre

Infrastruktuurnommer van gemagtigde beampte 4 0 6 3 0 3 2 4 Infrastructure number of authorised examiner

BESONDERHEDE VAN LISENSIEHOUER PARTICULARS OF LICENSEE

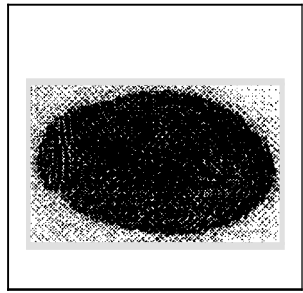
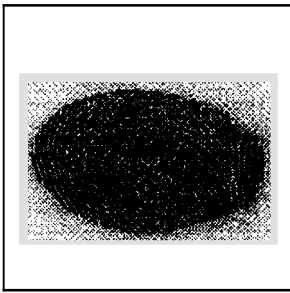
ID Nommer 751129 0123 08 8 ID number

L4063A0000019

STAAFKODE  BARCODE

Handtekening van lisensiehouer  Signature of licensee

UW 1 1 2 1 Code



Foto/Photograph	Vingerafdruk/Fingerprint 1	Vingerafdruk/Fingerprint 2
Bedrag Betaalbaar	R122.00	Amount Payable
OOGTOETS		EYE TEST
Datum	2002 10 30	Date
Tyd	11h00	Time
Toetsbeampte nommer	LIVE SCAN	Examiner number
Kode Lisensie	A1	Code License
Orthorater gesigskerpte	Links Regs	Left Right
Gesigsveld	Temporaal Nasaal	Temporal Nasal
Beperkings	Sonder 'n bril/kontaklense Without glasses/contact lenses	

ISS

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REPUBLIEK VAN SUID-AFRIKA
BEELDVASLEGGINGSVEL
VIR IDENTIFIKASIE
VAN BESTUURDER
(Padwet)



REPUBLIC OF SOUTH AFRICA
IMAGE SCANNING SHEET
FOR IDENTIFICATION
OF DRIVER

Datum : : : : : Date

Infrastruktuurnommer van bestuurders-lisensie-toetsentrum

Infrastructure number of driving licence testing centre

Infrastruktuurnommer van gemagtigde beampte

Infrastructure number of authorised examiner

Handtekening van gemagtigde beampte

Signature of authorised officer

BESONDERHEDE VAN LISENSIEHOUER

PARTICULARS OF LICENSEE

LET WEL: Vingerafdrukke moet in die volgende volgorde aangepas word:
- linkerhand - duim (kode 11)
- regterhand - duim (kode 21)
- linkerhand - wysvinger (kode 12)
- regterhand - wysvinger (kode 22)
- linkerhand - middelvinger (kode 13)
- regterhand - middelvinger (kode 23)
- linkerhand - ringvinger (kode 14)
- regterhand - ringvinger (kode 24)
- linkerhand - pinkie (kode 15)
- regterhand - pinkie (kode 25)

OORSPRONKLIKE/ORIGINAL

NOTE: Fingerprints must be taken in the following order:
- left hand - thumb (code 11)
- right hand - thumb (code 21)
- left hand - index finger (code 12)
- right hand - index finger (code 22)
- left hand - middle finger (code 13)
- right hand - middle finger (code 23)
- left hand - ring finger (code 14)
- right hand - ring finger (code 24)
- left hand - little finger (code 15)
- right hand - little finger (code 25)

Ministerie van Vervoer - 12000000

STAAFKODE

BARCODE

Handtekening van lisensiehouer

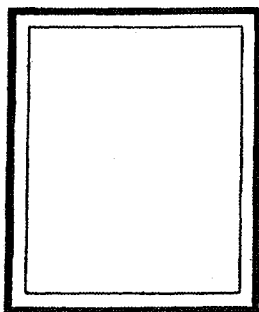
Signature of licensee

Kode

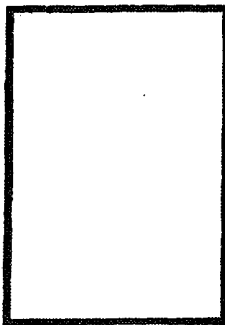
Code input boxes

Code

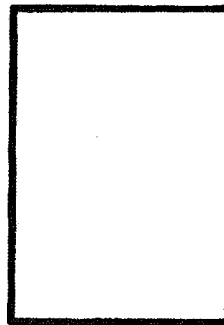
Code input boxes



Foto/Photograph



Vingerafdruk/Fingerprint 1



Vingerafdruk/Fingerprint 2

ISS(2) (8/08)

+

MEDICAL CONDITION	MEDIËSE 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;">yes</td><td style="padding: 2px;">no</td></tr> <tr><td style="padding: 2px;">ja</td><td style="padding: 2px;">nee</td></tr> </table>	yes	no	ja	nee
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;">yes</td><td style="padding: 2px;">no</td></tr> <tr><td style="padding: 2px;">ja</td><td style="padding: 2px;">nee</td></tr> </table>	yes	no	ja	nee
yes	no				
ja	nee				
Respiratory dysfunction.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">yes</td><td style="padding: 2px;">no</td></tr> <tr><td style="padding: 2px;">ja</td><td style="padding: 2px;">nee</td></tr> </table>	yes	no	ja	nee
yes	no				
ja	nee				
d High blood pressure.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">yes</td><td style="padding: 2px;">no</td></tr> <tr><td style="padding: 2px;">ja</td><td style="padding: 2px;">nee</td></tr> </table>	yes	no	ja	nee
yes	no				
ja	nee				
3. Epilepsy, muscular, vascular or neuro muscular disease.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">yes</td><td style="padding: 2px;">no</td></tr> <tr><td style="padding: 2px;">ja</td><td style="padding: 2px;">nee</td></tr> </table>	yes	no	ja	nee
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;">yes</td><td style="padding: 2px;">no</td></tr> <tr><td style="padding: 2px;">ja</td><td style="padding: 2px;">nee</td></tr> </table>	yes	no	ja	nee
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;">yes</td><td style="padding: 2px;">no</td></tr> <tr><td style="padding: 2px;">ja</td><td style="padding: 2px;">nee</td></tr> </table>	yes	no	ja	nee
yes	no				
ja	nee				
1. 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;">yes</td><td style="padding: 2px;">no</td></tr> <tr><td style="padding: 2px;">ja</td><td style="padding: 2px;">nee</td></tr> </table>	yes	no	ja	nee
yes	no				
ja	nee				
Alcoholism.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">yes</td><td style="padding: 2px;">no</td></tr> <tr><td style="padding: 2px;">ja</td><td style="padding: 2px;">nee</td></tr> </table>	yes	no	ja	nee
yes	no				
ja	nee				
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;">yes</td><td style="padding: 2px;">no</td></tr> <tr><td style="padding: 2px;">ja</td><td style="padding: 2px;">nee</td></tr> </table>	yes	no	ja	nee
yes	no				
ja	nee				
c. 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;">yes</td><td style="padding: 2px;">no</td></tr> <tr><td style="padding: 2px;">ja</td><td style="padding: 2px;">nee</td></tr> </table>	yes	no	ja	nee
yes	no				
ja	nee				
Any other disease or disability.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">yes</td><td style="padding: 2px;">no</td></tr> <tr><td style="padding: 2px;">ja</td><td style="padding: 2px;">nee</td></tr> </table>	yes	no	ja	nee
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	(a) verklaar die aansoeker, die oogtoets uitgesluit, vir doeleindes van die bestuur van 'n motorvoertuig, as												
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">medically fit</td> <td style="padding: 2px;">medically unfit</td> </tr> <tr> <td style="padding: 2px;">medies geskik</td> <td style="padding: 2px;">medies ongeskik</td> </tr> </table>	medically fit	medically unfit	medies geskik	medies ongeskik									
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	(b) verklaar dat alle besonderhede wat deur my op hierdie vorm verstreks, waar en korrek is; en												
(c) realise that a false declaration is punishable with a fine or one year imprisonment or both.	(c) besef dat 'n vals verklaring strafbaar is met 'n boete of eenjaar gevangenisstraf of beide.												
Signature	Handtekening												
Place	Datum												
Date	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">2</td><td style="padding: 2px;">0</td><td style="padding: 2px;">:</td><td style="padding: 2px;">:</td><td style="padding: 2px;">:</td><td style="padding: 2px;">:</td> </tr> <tr> <td style="padding: 2px;">Y/J</td><td style="padding: 2px;">M</td><td style="padding: 2px;">D</td><td colspan="3"></td> </tr> </table>	2	0	:	:	:	:	Y/J	M	D			
2	0	:	:	:	:								
Y/J	M	D											

Date stamp of
office of Doctor

Datumstempel van
kantoor van Dokter

MCR(4)(2003/10)

MCR

CERTIFICATE OF REGISTRATION FOR
MANUFACTURER/IMPORTER/BUILDER
(National Road Traffic Act, 1996)

SERTIFIKAAT VAN REGISTRASIE VIR
VERVAARDIGER/INVOERDER/BOUER
(Nasionale Padverkeerswet, 1996)

It is hereby certified that
Hiermee word gesertifiseer dat

#c\$#
#c\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$#

at/te

#c\$#
#c\$#
#c\$#
#c\$#

has been registered as
geregistreer is as

#c\$#
#c\$#

subject to the following conditions
onderhewig aan die volgende voorwaardes

NOTIFICATION ON FORM NVM OF VEHICLE MODELS/
KENNISGEWING OP VORM NVM VAN VOERTUIGMODELLE

#c\$#
#c\$#

#c\$#
#c\$#

Signed . at
Geteken . te

MEC responsible for Road Traffic
LUR verantwoordelik vir Padverkeer

Province .
Provinsie .

Date . Official seal
Datum . Amptelike seël

Issue number : #1\$#
Uitreikingsnommer

Control number : #c\$\$\$\$\$\$\$\$\$\$\$\$#
Beheernommer

#1U\$# #rD\$#

