

## **GAUTENG FREEWAY IMPROVEMENT PROJECT (GFIP) REGISTRATION FORM (B)**



## REGISTRATION FORM TO BE COMPLETED BY PERSONS CLAIMING A REBATE FOR CONVEYING PERSONS WITH DISABILITIES A1. PARTICULARS OF PERSONS DOING THE CONVEYING: Full name of person: Postal address Street address Code Code: Tel (home) Tel (work): Cell E-mail: A2. TYPE OF IDENTIFICATION (CERTEFIED COPY TO BE ATTACHED) RSA identification document: Passport: Temporary identity certificate: Foreign identity document: A3. PARTICULARS OF VEHICLE(S) (CERTEFIED COPY OF VEHICLE LICENCE TO BE ATTACHED) For more than 4 vehicles, please complete the bulk application Excel Spreadsheet provided by SANRAL VEHICLE 1: Vehicle licence number: Type of vehicle: Make of vehicle: VEHICLE 2: Vehicle licence number: Type of vehicle: Make of vehicle: VEHICLE 3: Vehicle licence number: Type of vehicle: Make of vehicle **VEHICLE 4:** Vehicle licence number: Type of vehicle: Make of vehicle: Please provide a description of the adaption, if any A4. NAMES AND IDENDITY NUMBERS OF THE PERSONS CONVEYED: Please provide the names and identity numbers of the person to be conveyed. For more than 4 people, please add a list of names on a separate sheet. PERSON 1: Full names and surname: Identity number: PERSON 2: Full names and surname Identity number: PERSON 3: Full names and surname Identity number: PERSON 4: Full names and surname Identity number: Please provide a description of the trips where the disabled person or persons will be conveyed.

## I certify that:

(a) the vehicle(s) mentioned above were used by myself to convey persons with disabilities, being persons who have long term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others, or a medical condition such as autism, mental health, epilepsy, loss of hearing, and which disability is permanent and impairs functional mobility.

Please attach a certificate from a medical practitioner registered with the Health Professions Council of South Africa, including an impairment questionnaire, certifying that the person or persons qualify under paragraph (a) above

|                                 | PART B: DECLARATION   |  |  |  |  |   |  |      |        |         |         |     |  |  |   |    |   |         |         |         |   |         |         |         |         |         |         |         |         |  |
|---------------------------------|---|--|--|--|--|---|--|------|--------|---------|---------|-----|--|--|---|----|---|---------|---------|---------|---|---------|---------|---------|---------|---------|---------|---------|---------|--|
| I, the undersigned (full names) |   |  |  |  |  |   |  |      |        |         |         |     |  |  |   |    |   |         |         |         |   |         |         |         |         |         |         |         |         |  |
| (a)                             | undertake to comply with the conditions applicable to rebates in these Regulations and with the e-Road Regulations; and   |  |  |  |  |   |  |      |        |         |         |     |  |  |   |    |   |         |         |         |   |         |         |         |         |         |         |         |         |  |
| (b)                             | certify that the information furnished in this application form is true and correct and hereby apply for a rebate on the payment of e-toll in terms of the relevant notice published by the Minister. |  |  |  |  |   |  |      |        |         |         |     |  |  |   | by |   |         |         |         |   |         |         |         |         |         |         |         |         |  |
| l acc                           | I accept that if the information supplied in this application is found to be false the application will be rejected.  |  |  |  |  |   |  |      |        |         |         |     |  |  |   |    |   |         |         |         |   |         |         |         |         |         |         |         |         |  |
|                                 | Signature:  |  |  |  |  |   |  |      |        |         |         |     |  |  |   |    |   |         |         |         |   |         |         |         |         |         |         |         |         |  |
| Place:                          |   |  |  |  |  |   |  |      |        |         |         |     |  |  |   |    |   |         |         |         |   |         |         |         |         | $\perp$ | $\perp$ | $\perp$ |         |  |
|                                 |   |  |  |  |  |   |  | Date | (yy/mm | /dd):   |         |     |  |  | 1 |    |   | 1       |         |         |   |         |         |         |         |         |         |         |         |  |
|                                 | PART C: FOR OFFICE USE (To be completed by the SANRAL GORT Operator)  |  |  |  |  |   |  |      |        |         |         |     |  |  |   |    |   |         |         |         |   |         |         |         |         |         |         |         |         |  |
|                                 | ication number:   |  |  |  |  |   |  |      |        |         |         |     |  |  |   |    |   |         |         |         |   |         |         |         |         | $\perp$ |         | L       |         |  |
|                                 | RT Rebate number:   |  |  |  |  | _ |  |      |        | $\perp$ |         |     |  |  |   | _  | _ |         | $\perp$ | $\perp$ |   | $\perp$ |  |
|                                 | number:   |  |  |  |  | _ |  |      | $\Box$ | $\perp$ | $\perp$ |     |  |  | _ | _  | 4 | $\perp$ | 4       | $\perp$ | _ | $\perp$ | $\perp$ |         |         | Ш       | $\perp$ | 丄       |         |  |
| Sign                            | ature:  |  |  |  |  |   |  |      | Date   | (yy/r   | nm/d    | ld) |  |  |   |    |   | /       |         |         | / |         |         |         |         |         |         |         |         |  |