



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:										Fax:									
E-mail:																			

A2. TYPE OF IDENTIFICATION (CERTIFIED COPY TO BE ATTACHED)

RSA identification document:	Passport:
Temporary identity certificate:	Foreign identity document:

A3. PARTICULARS OF VEHICLE(S) (CERTIFIED 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 IDENTITY 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, 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.

I accept that if the information supplied in this application is found to be false the application will be rejected.

Signature:

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Place:

[illegible]

Date (yy/mm/dd):

[illegible]

PART C: FOR OFFICE USE (To be completed by the SANRAL GORT Operator)

[illegible]