



## GAUTENG FREEWAY IMPROVEMENT PROJECT (GFIP) CLAIMS FORM (C)



### PART A: MONTHLY CLAIM FORM TO BE COMPLETED BY PERSONS CLAIMING A REBATE FOR CONVEYING PERSONS WITH DISABILITIES

*If a person claiming the rebate has already submitted the completed Annexure B with the required medical questionnaire and certificate, monthly claims must be submitted on the form below. If any of the particulars stated on Annexure B have changed, SANRAL must be notified of the change by supplying details or replacing documentation with this Annexure C.*

#### A1. PARTICULARS OF THE PERSON CONVEYED:

Full name of contact person:														
Postal address:										Street address:				
Code:										Code:				
Tel:										Fax:				
Cell:										ID/passport:				
E-mail:														

Note: Legal Disciplinary Action will be taken against any person or persons that fraudulently made use of this declaration form

#### A2. PARTICULARS OF THE VEHICLE OWNER:

Full name of person:														
Postal address:										Street address:				
Code:										Code:				
Tel:										Fax:				
Cell:										ID/passport:				
E-mail:														

#### A3. PARTICULARS OF THE E-TOLL ACCOUNT OF THE VEHICLE OWNER:

Customer ID:														
Account ID:														
e-Tag number:														

#### A4. PARTICULARS OF THE VEHICLE: CLASS A2 ONLY

Vehicle licence number														
Vehicle Make														
Vehicle Model														
Vehicle Class														

*If more than one person was conveyed supply details on a separate sheet.*

#### A5. CLAIMS:

Date:	From	/	/	/	/	/	/	/	/
	To	/	/	/	/	/	/	/	/

#### Details of transactions:

Please attach a detail transactions report obtained from the e-toll website: [www.e-toll.co.za](http://www.e-toll.co.za) and clearly mark the transactions where the vehicle was used to convey a person or persons who qualify according to the definition of disability.

#### NOTE:

##### Please take note of the following:

- Claims can only be made in respect of a Class A2 type vehicle
- The owner of the vehicle must be registered with the Agency and has an e-tag affixed to such vehicle
- Possible rebate to the value of the capped amount of R225 per month per vehicle
- Please submit this form to SANRAL:  
e-mail: [PublicTransport@tch.sa-etoll.co.za](mailto:PublicTransport@tch.sa-etoll.co.za)

#### PART B: DECLARATION

I, the undersigned, \_\_\_\_\_ (insert full names and surname of person conveyed/ or their Guardian),  
\_\_\_\_\_ (ID/passport number) hereby declare that these transactions/ or claims were solely for the transporting of myself / or the said conveyed road user and that no claim is made for trips where no person with disabilities was conveyed.

\_\_\_\_\_  
Signature of conveyed road user / or Guardian

\_\_\_\_\_  
Date

I \_\_\_\_\_ (insert full name and surname of **driver**), \_\_\_\_\_ (ID/passport number)  
hereby declare that these transactions/ or claims were solely for the transporting of the said conveyed road user and that no claim is made for trips where no person with disabilities  
was conveyed.

Signature of Driver

Date \_\_\_\_\_

Signed at \_\_\_\_\_

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

[illegible]

**CHECKLIST (FOR OFFICE USE ONLY):**

<b>Please ensure the following:</b>	<b>Mark with X</b>
Applicant submitted the detail transactions report	

<b>Please complete the following:</b>	
Applicant registration ref on database	
Claim approved (Y/N)	