



Western Cape
Government

Transport and Public Works

PROVINCIAL ROADS AND TRANSPORT MANAGEMENT BRANCH
TRAFFIC LAW ADMINISTRATION DIRECTORATE
MOTOR VEHICLE ADMINISTRATION SUB-DIRECTORATE

APPLICATION FOR THE WRITING OFF OF ARREAR MOTOR VEHICLE REGISTRATION FEES & PENALTIES AND/OR
ARREAR LICENCE FEES & PENALTIES(13/2/2/10-_____)

ANNEXURE A

APPLICANT'S INFORMATION

IDENTITY NO

NAME

ADDRESS

POSTAL CODE:

CONTACT DETAILS

(TEL)

(FAX)

(CELL)

(E-MAIL ADDRESS)

VEHICLE LICENCE
NUMBER(S)

VEHICLE REGISTER
NUMBER(S)

REQUIRED DOCUMENT(S) PER TYPE OF APPLICATION: Indicate by ticking the appropriate box with an X if submitted
(COMPULSORY DOCUMENTATION PER APPLICATION ALREADY TICKED)

SUPPORTING DOCUMENTATION SUBMITTED	DECEASED ESTATE	UNLICENSED VEHICLE	SCRAPPED VEHICLE	OTHER
ID DOCUMENT (S)	X	X	X	X
LETTER OF APPLICATION	X	X	X	X
PROOF OF INCOME AND EXPENDITURE (FINANCIAL REPORT)		X	X	X
PROOF OF UNEMPLOYMENT / PROOF OF PENSION / PROOF OF DISABILITY				
INCARCERATION / HOSPITALISATION				
LIQUIDATION / SEQUESTRATION / DEBT REVIEW / ADMINISTRATION				
PROOF OF ACCIDENT / PROOF OF CONDITION OF VEHICLE(S)				
PROOF OF REPOSSESSION / CONTRACT WITH BANK REDEEMED				
PROOF OF EXECUTORSHIP / PROOF OF CURATORSHIP				
PROOF OF PARTS PURCHASED FOR BUILT UP OR REPAIRED VEHICLE(S)				
PROOF OF VEHICLE(S) STOLEN / PROOF OF IMPOUNDMENT				
PROOF OF STOLEN VEHICLE(S) RECOVERED				
PROOF OF SALE OF VEHICLE(S)				
PROOF OF PURCHASE OF VEHICLE(S)				

ANNEXURE A

FOR OFFICE USE ONLY:

<p>OFFICE STAMP</p>	<p>RECEIVED BY: _____</p> <p>DATE: _____</p> <p>MVA.OLF (01) (11)</p>
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FINANCIAL REPORT IN RESPECT OF MOTOR VEHICLE LICENCE FEE DEBTORS FOR PRIVATE ENTITY

1. Full name of debtor: _____

2. Vehicle Licence No(s): _____

3. Amount Outstanding: R _____

4.

Identity no

5. Residential address of debtor: _____

6. Contact No(s): Home: (____) _____ Mobile: (____) _____

7. Name and address of debtor's current employer: _____

8. Current employment period: _____ Years: _____

9. Contact No(s): (____) _____ (____) _____

10.

Life Status	Single	Married	Divorced	Widow/Widower
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11.

Married	In Community of property	By antenuptial agreement
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12. Full name of spouse/partner: _____

13. Name and address of spouse/partner's current employer: _____

14. Current employment period: _____ Years: _____

15. Contact No(s): (____) _____ (____) _____

16. Dependants

Relationship	Full name(s)	Date of birth

17. Assets and liabilities

Assets	R	C	Liabilities	R	C
Fixed property			Mortgage Bond(s)		
Household effects (Furniture & appliances)			Loan(s)		
Investments			Hire Purchase		
Cash at hand and in bank			Bank Overdrafts		
Motor Vehicles			Total Credit transactions		
Other			Other		
Total Assets			Total Debt		

18. Monthly Income: (Attach proof)

Gross Salary (PAYE + pension)	Applicant		Spouse	
	R	c	R	c
Salary				
Subsidy/Allowances				
Commission				
Other				
Other				
Other				
TOTAL				

19. Monthly Expenditure: (Attach proof)

	R	C
Lease/ Rent/ Bond payment		
Municipal accounts (rates/ water/ electricity etc)		
Loans		
Hire Purchase: Motor vehicle		
Hire Purchase: Furniture& appliances		
Hire Purchase: Other		
Groceries (food/ household/ toiletries)		
Short term Insurance/ Policies		
Housekeeper		
Bedding and crockery		
Clothing		
Educational Expenditure (Schooling/Tertiary)		
Entertainment		
Medical Aid		
Court orders (Garnishee/ Maintenance/ Administrative)		
Telephone/ Cell Phone Accounts		
Travelling (public transport/ petrol/ parking etc)		
Credit Cards		
Any other expenses not indicated above		
TOTAL		

20. Hire Purchase Contract(s): (Attach proof)

20.1.1 Financial Institution or person: _____

20.1.2 Redemption date: _____

20.1.3 Outstanding Balance on _____ Amount: _____

20.2.1 Financial Institution or person: _____

20.2.2 Redemption date: _____

20.2.3 Outstanding Balance on _____ Amount: _____

20.3.1 Financial Institution or person: _____

20.3.2 Redemption date: _____

20.3.3 Outstanding Balance on _____ Amount: _____

21. Loan Contract(s): (Attach proof)

21.1.1 Financial Institution or person: _____

21.1.2 Redemption date: _____

21.1.3 Outstanding Balance on _____ Amount: _____

21.2.1 Financial Institution or person: _____

21.2.2 Redemption date: _____

21.2.3 Outstanding Balance on _____ Amount: _____

21.3.1 Financial Institution or person: _____

21.3.2 Redemption date: _____

21.3.3 Outstanding Balance on _____ Amount: _____

22. Signed at _____ this _____ day
of _____ 20 _____

23. _____
NAME OF DEBTOR

SIGNATURE