



ROAD TRAFFIC RULES - REGISTRATION OF MOTOR VEHICLES 2017

APPLICATION FOR TRANSFER OF REGISTRATION OF MOTOR VEHICLE

Registration no.:

Surname: or Father's name: Given name:

Company or organisation name:

Postal address:

Phone: Fax: Mobile:

Residential address:

Section: Lot: Street: Suburb

Description of motor vehicle-

Make: Model:

Body type: Colour:

Engine No.: Chassis No.:

Engine capacity (cm³): Year of manufacture:

Use of vehicle:

Province in which vehicle is to be used:

If vehicle is to be used for commercial purposes-

Tare weight (kg) : Gross vehicle weight (kg): Carrying capacity (kg):

I apply to have the registration of the motor vehicle described above transferred to me and I certify that to the best of my knowledge and belief the details shown on this form are true and correct.

I enclose K being the fee prescribed in the Road Traffic (Fees and Charges) Regulation.

(Signature of Applicant)

Witness: Address:

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Date: