9101

APPLICATION FOR REFUND OF MONIES - AARTO 25

JMPD

INSTRUCTIONS FOR COMPLETION OF THE FORM

a. This form must be completed in black ink and posted by registered mail to the following address: **AARTO - Refund, Private Bag X124, Marshalltown, 2107.**
b. The form may also be electronically completed at the following Internet website: **www.aarto.co.za**
c. A copy of the completed and signed form and supporting documents must be kept for your own records.
d. The application must be accompanied by a certified copy of the deposit slip(s) and/or proof of payment of the specific payments.
e. Receipt of the application will be acknowledged within 21 days, failing which it must be re-submitted by posting it by registered mail to the address given above.
f. Individuals need not complete the first two lines of Part B. Organisations must provide the details of the registration number of the organisation (eg CC, company or trust registration number) and the details of a representative (Surname, First names, ID number, Cell, Email, etc.) who must sign the form on its behalf.

PART A - INFRINGER AND MOTOR VEHICLE PARTICULARS

Name of organisation: Registration number:

Type of organisation: ☐ Company ☐ CC ☐ Partnership ☐ Other:

Email:

Surname:

First name:

Initials: Gender: ☐ Female ☐ Male

Date of birth (YYYY/MM/DD): / /

ID type: ☐ RSA ☐ Passport ☐ Foreign ID ☐ Driving Licence

ID number:

Country of issue:

Licence code: ☐ A1 ☐ A ☐ B ☐ C1 ☐ C ☐ EB ☐ EC1 ☐ EC ☐ None ☐ Foreign code:

Learners code: ☐ 1 ☐ 2 ☐ 3

PrDP code: ☐ Goods ☐ Passengers ☐ Dangerous

Street address:

Postal address:

Code:

Tel (home): ( )

Tel (work): ( )

Fax: ( )

Cell:

Employer name:

Employer address:

MOTOR VEHICLE PARTICULARS

Vehicle licence:

Licence disc no:

Operator card number:

Vehicle description (type):

Vehicle GVM: kg

Make:

Series (model):

Colour:

PART B - PARTICULARS OF INFRINGEMENT NOTICE

Infringement notice number: - - -

Date of infringement (YYYY/MM/DD) / / Issuing authority:

PART C - PARTICULARS OF PAYMENTS

Date of payment 1 (YYYY/MM/DD): / /

Amount of payment 1: R .

Date of payment 2 (YYYY/MM/DD): / /

Amount of payment 1: R .

Reason for refund:

PART D - BANKING PARTICULARS

Please provide the Agency with your banking details to expedite the payment of a refund, if it is approved.

Name of account holder:

Bank name: Branch name:

Branch code: Account number:

PART E - DECLARATION

I declare that the above particulars are true and correct and realise that a false declaration is punishable by a fine or imprisonment or both.

Signature of applicant:

Place:

Date (YYYY/MM/DD): / /