

**AARTO 04 - ELECT TO PAY IN INSTALMENTS**  
**INSTRUCTIONS FOR COMPLETION OF THE FORM**

**Important information and instructions for the completion and processing of this form are provided on the back of the form**

**PART A**

- (a) An Infringement Notice, the particulars of which are provided under **Part B** below, was issued to me.
- (b) I, the particulars of whom are provided under **Part C** below, hereby elect in terms of section 17(1)(f)(iii) of the AARTO Act, 1998 (Act 46 of 1998), to pay the penalty in monthly instalments, particulars of which are provided under **Part E** at the back.
- (c) I note that upon the processing of this election, demerit points will (if applicable) be allocated, as prescribed.
- (d) I agree that with this election, I am not entitled to any discount and that I have to pay the full penalty amount.

**PART B – PARTICULARS OF INFRINGEMENT NOTICE**

|                             |  |  |  |                |  |  |  |                            |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------------|--|--|--|----------------|--|--|--|----------------------------|--|--|--|---|---|--|--|--|--|--|--|--|--|--|--|--|
| Infringement Notice number: |  |  |  |                |  |  |  |                            |  |  |  | - | - |  |  |  |  |  |  |  |  |  |  |  |
| Date of infringement:       |  |  |  | YYYY / MM / DD |  |  |  | Name of Issuing Authority: |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |
| Infringement notice number: |  |  |  |                |  |  |  |                            |  |  |  | - | - |  |  |  |  |  |  |  |  |  |  |  |
| Date of infringement:       |  |  |  | YYYY / MM / DD |  |  |  | Name of Issuing Authority: |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |
| Infringement notice number: |  |  |  |                |  |  |  |                            |  |  |  | - | - |  |  |  |  |  |  |  |  |  |  |  |
| Date of infringement:       |  |  |  | YYYY / MM / DD |  |  |  | Name of Issuing Authority: |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |

**PART C – INFRINGER AND MOTOR VEHICLE PARTICULARS**

|                             |        |                |                    |                |                |                       |  |        |  |      |       |
|-----------------------------|--------|----------------|--------------------|----------------|----------------|-----------------------|--|--------|--|------|-------|
| Name of organisation:       |        |                |                    |                |                | Company number:       |  |        |  |      |       |
| Type of organisation:       |        | Company        | CC                 | Partnership    | Other:         |                       |  |        |  |      |       |
| Surname:                    |        |                |                    |                |                | Gender:               |  | Female |  | Male |       |
| First names:                |        |                |                    |                |                | Tel (home): (       ) |  |        |  |      |       |
| Initials:                   |        | Date of birth: |                    | YYYY / MM / DD |                | Tel (work): (       ) |  |        |  |      |       |
| ID type:                    | RSA ID | Passport ID    | Driving licence ID | Foreign ID     | Fax: (       ) |                       |  |        |  |      |       |
| ID number:                  |        |                |                    |                |                |                       |  |        |  |      | Cell: |
| Country of issue:           |        |                |                    |                |                | Email:                |  |        |  |      |       |
| Postal address & code:      |        |                |                    |                |                |                       |  |        |  |      |       |
| (       )                   |        |                |                    |                |                |                       |  |        |  |      |       |
| Residential address & code: |        |                |                    |                |                |                       |  |        |  |      |       |
| (       )                   |        |                |                    |                |                |                       |  |        |  |      |       |
| Employer name:              |        |                |                    |                |                |                       |  |        |  |      |       |
| Employer address & code:    |        |                |                    |                |                |                       |  |        |  |      |       |
| (       )                   |        |                |                    |                |                |                       |  |        |  |      |       |

**PART D – REASON ON WHICH THIS ELECTION IS BASED**

The reasons(s) on which this election / option is based is indicated in the relevant tick box below:

|  |  |
|--|--|
| (a) <input type="checkbox"/> Unemployed              | (b) <input type="checkbox"/> Insufficient funds                                |
| (c) <input type="checkbox"/> Multiple infringements  | (d) <input type="checkbox"/> Option provided for / prescribed by the AARTO Act |
| (e) <input type="checkbox"/> Other (provide detail): |  |

- (i) I, the infringer, hereby undertake/agree to make a deposit and or authorise the Agency to debit my account with an amount equal to the total penalty amount due plus, if applicable, the prescribed courtesy letter fee and/or the prescribed unsuccessful representation fee, divided by the number of months approved by the Agency, into the designated bank account, on the authorised day of every month until the total amount due is paid in full.
- (ii) In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will be processed on the next ordinary business day.
- (iii) I, hereby declare that the information provided herein by me, falls within my own personal knowledge and is to the best of my belief both true and correct.

|                                     |  |               |  |              |                |
|-------------------------------------|--|---------------|--|--------------|----------------|
| <b>Full signature of infringer:</b> |  | <b>Place:</b> |  | <b>Date:</b> | YYYY / MM / DD |
|-------------------------------------|--|---------------|--|--------------|----------------|

**PART E – PARTICULARS OF THE PAYMENT OPTIONS REQUESTED**

The amount payable and the number of monthly instalments requested are as follows:

Number of monthly instalments requested:  (maximum period allowed is 6 months)

|  |   |
|--|---|
| Penalty amount, excluding the discount:              | R |
| Courtesy Letter Fee: (if applicable)                 | R |
| Unsuccessful Representation Fee:<br>(if applicable): | R |
| <b>TOTAL AMOUNT: (including applicable fees)</b>     | R |

The method of payment of the monthly instalments will be: 

|   |   |
|---|---|
| A | B |
|---|---|

 As defined below

Signature

(Select method of payment)

**A** Monthly deposits:  
I hereby undertake that on the \_\_\_\_\_ day of every month I will deposit an amount which is equal to the total penalty amount due, plus any additional prescribed fees that may be applicable, divided by the number of months approved, into the AARTO account, until the total penalty amount due is paid in full.

**OR**

**B** Bank debit order:  
I hereby authorise that on the \_\_\_\_\_ day of every month, an amount which is equal to the total penalty amount due plus any additional prescribed fees that may be applicable, divided by the number of months approved, be drawn from my bank account, details of which are given below (or any other bank or branch to which I/we may transfer my/our account), until the total penalty amount due is paid in full.  
This authority and mandate can be terminated by me by giving you notice in writing of not less than 20 ordinary working days. This notice can be sent by registered mail to the address indicated above or hand delivered to the Agency. Such cancellation does however not absolve the obligation to pay the amount(s) owing to the Agency or other consequences which might follow.

|   |                                       |
|---|---------------------------------------|
| Start date: YYYY / MM / DD  | End date: YYYY / MM / DD              |
| Name of bank:   | Name of branch:                       |
| Full name and surname of account holder:  |                                       |
| Bank account number   | Branch code                           |
| Type of Account: <input type="checkbox"/> Cheque <input type="checkbox"/> Savings | Transmission <input type="checkbox"/> |

|  |        |                      |
|--|--------|----------------------|
| <b>Full signature of account holder:</b> | Place: | Date: YYYY / MM / DD |
|--|--------|----------------------|

**IMPORTANT INFORMATION AND INSTRUCTIONS FOR COMPLETION AND PROCESSING OF THE FORM**

- (a) This option is **not** available after an Enforcement Order has been issued.
- (b) The full penalty amount will be payable when making arrangements to pay in instalments. Refer to the amount shown next to **Penalty** on the infringement notice.
- (c) Failure to make any payment in terms of this election will result in the issue of a Warrant of Execution.
- (d) Upon receipt of this election, the demerit points as shown on the Infringement Notice will be recorded against your name.
- (e) This form must be duly completed in black ink.
- (f) Individuals need not complete the first two lines of Part C.
- (g) A holder of a driving licence who, within 14 days of the permanent change of his or her residential or postal address, fails to notify the registering authority in the prescribed manner of such change as required in terms of section 22 of the National Road Traffic Act, Act 93 of 1996 shall be guilty of an infringement in terms of section 24(1) of the Administrative Adjudication of Road Traffic Offences Act, Act 46 of 1998 (AARTO).
- (h) Organisations must provide the details of the registration number of the organisation (eg CC, company or trust registration number) and the details of the duly authorised representative (Surname, First names, ID number, cell, email, etc.) on the reverse hereof.
- (i) The duly completed form and attachments, if any, may:
  - (i) Be submitted at the following Internet websites: **www.aarto.gov.za**; or
  - (ii) A clearly legible scanned copy of the form may be e-mailed to **admin@aarto.gov.za**; or
  - (iii) The form may be faxed to **086 662 8861**; or
  - (iv) Be handed in at any **Issuing Authority** for capturing; or
  - (v) Be posted by **registered mail** to the following address: **AARTO – Elect to Pay Instalments, Private Bag X147, Pretoria, 0001.**
- (j) A form that has not been properly completed will not be processed and the infringer shall be liable for any further administrative action.