



|                                                                               |          |                                                                           |
|-------------------------------------------------------------------------------|----------|---------------------------------------------------------------------------|
| <b>SPEZIALE/PERSOONLIKE REGISTRASIENOMMER</b><br>(waarom aansoek gedoen word) | <b>B</b> | <b>SPECIAL/PERSONALISED REGISTRATION NUMBER</b><br>(which is applied for) |
|-------------------------------------------------------------------------------|----------|---------------------------------------------------------------------------|

|                    |                                                                                                                                                                                                                                       |                                  |                                  |                |  |  |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |                     |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|----------------|--|--|--|---|---|---|---|--|--|--|--|--|--|--|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|---|---|--|--|--|--|--|--|--|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|---|---|--|--|--|--|--|--|--|--|--|--|---------------------|
|                    | 1ste keuse/1 <sup>st</sup> choice                                                                                                                                                                                                     | 2de keuse/2 <sup>nd</sup> choice | 3de keuse/3 <sup>rd</sup> choice |                |  |  |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |                     |
| Registrasie nommer | <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>G</td><td>P</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> |                                  |                                  |                |  |  |  |   |   | G | P |  |  |  |  |  |  |  |  |  |  | <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>G</td><td>P</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> |  |  |  |  |  |  |  |  | G | P |  |  |  |  |  |  |  |  |  |  | <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>G</td><td>P</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> |  |  |  |  |  |  |  |  | G | P |  |  |  |  |  |  |  |  |  |  | Registration number |
|                    |                                                                                                                                                                                                                                       |                                  |                                  |                |  |  |  | G | P |   |   |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |                     |
|                    |                                                                                                                                                                                                                                       |                                  |                                  |                |  |  |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |                     |
|                    |                                                                                                                                                                                                                                       |                                  |                                  |                |  |  |  | G | P |   |   |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |                     |
|                    |                                                                                                                                                                                                                                       |                                  |                                  |                |  |  |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |                     |
|                    |                                                                                                                                                                                                                                       |                                  |                                  |                |  |  |  | G | P |   |   |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |                     |
|                    |                                                                                                                                                                                                                                       |                                  |                                  |                |  |  |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |                     |
| toegeken word      |                                                                                                                                                                                                                                       |                                  |                                  | to be attended |  |  |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |                     |

- Please indicate with either an **N for Number** or **A for Alphabet** in the square below the Personalised/Special number whether it is a Number or Alphabet.

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>'n Aansoek om 'n spesiale/persoonlike registrasienommer moet vergesel wees van die registrasie-, of lisensiedokument van die motorvoertuig wat in die naam van die aansoeker gelisensieer is en waarvoor die nommer bedoel is.</b> | <b>An application for a special/personalised registration number must be accompanied by the registration or licence document of the motor vehicle licenced in the applicant's name for which the number is intended.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                       |                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Neem kennis, indien u voertuig gesteel word met die Persoonlike/Spesiale nommer op sal die Polisie Departement die nommer vries. Die nommer sal nie weer gebruik kan word nie!</b> | <b>Please note that if your vehicle is stolen with your Personalized/Special number on it, the Police Department freezes the number. You will not be able to use your number again!</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |                                  |
|--------------------------------|----------------------------------|
| <b>VERKLARING (Merk met X)</b> | <b>DECLARATION (Mark with X)</b> |
|--------------------------------|----------------------------------|

|                                                                                                                                                                                                                                                                 |                                                                                                                        |                                                                 |                                                                 |  |                                                                                                  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------|--|--|
| Ek, die                                                                                                                                                                                                                                                         | I, the                                                                                                                 |                                                                 |                                                                 |  |                                                                                                  |  |  |
| <table border="1"> <tr> <td>aansoeker/houer<br/>applicant/holder</td> <td>instelling se gevolmagtigde<br/>organisation's proxy</td> <td>instelling se verteenwoordiger<br/>organisation's representative</td> </tr> </table>                                    | aansoeker/houer<br>applicant/holder                                                                                    | instelling se gevolmagtigde<br>organisation's proxy             | instelling se verteenwoordiger<br>organisation's representative |  |                                                                                                  |  |  |
| aansoeker/houer<br>applicant/holder                                                                                                                                                                                                                             | instelling se gevolmagtigde<br>organisation's proxy                                                                    | instelling se verteenwoordiger<br>organisation's representative |                                                                 |  |                                                                                                  |  |  |
| (a) verklaar dat alle besonderhede wat deur my op hierdie vorm verstrek is, waar en korrek is; en                                                                                                                                                               | (a) declare that all the particulars furnished by me in this form are true and correct; and                            |                                                                 |                                                                 |  |                                                                                                  |  |  |
| (b) besef dat 'n vals verklaring strafbaar is met 'n boete van hoogstens R20 000 of een jaar gevangenisstraf of beide.                                                                                                                                          | (b) realise that a false declaration is punishable with a fine not exceeding R20 000 or one year imprisonment or both. |                                                                 |                                                                 |  |                                                                                                  |  |  |
| <table border="1"> <tr> <td>Hantekening.....Signature</td> <td></td> </tr> <tr> <td>Plek.....Place</td> <td></td> </tr> <tr> <td>Datum <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> Date</td> <td></td> </tr> </table> | Hantekening.....Signature                                                                                              |                                                                 | Plek.....Place                                                  |  | Datum <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> Date |  |  |
| Hantekening.....Signature                                                                                                                                                                                                                                       |                                                                                                                        |                                                                 |                                                                 |  |                                                                                                  |  |  |
| Plek.....Place                                                                                                                                                                                                                                                  |                                                                                                                        |                                                                 |                                                                 |  |                                                                                                  |  |  |
| Datum <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> Date                                                                                                                                                                |                                                                                                                        |                                                                 |                                                                 |  |                                                                                                  |  |  |