PROVINCE OF KWAZULU – NATAL – ISIFUNDAZWE SAKWAZULU - NATALI

DEPARTMENT OF TRANSPORT

UMNYANGO WEZOKUTHUTHA

Choice Numbers

APPLICATION FOR THE RE-ALLOCATION OF SPECIFIC / SYSTEM LICENCE NUMBER

I/We, _____ hereby make application on

C	C	Y	Y	M	M	D	D

for the re-allocation of Specific Licence Number

_____ previously allocated to register no _____

to myself/ourselves.

Current Owner

Name/Company Name: _____

Residential Address: _____

Identification Number: _____

Contact Details

Telephone Number: CODE _____

Cell Number: CODE _____

Facsimile Number: CODE _____

e-mail address: _____

Dealers Details (if applicable)

Name _____

Telephone Number CODE _____

Facsimile Number CODE _____

Has the Licence Number been purchased?

Yes	No

If no, please attach a copy of the registration certificate of new motor vehicle, and submit with the required admin fee to the Choice Numbers Section.

All Choice Number requests can be forwarded Monday to Friday 7:30am to 4:00pm.

MOTOR TRANSPORT SERVICES DIRECTORATE

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