

<b>PROVINCE OF KWAZULU-NATAL</b> <b>APPLICATION FOR SUBSIDISED TRANSPORT</b>
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BRANCH/DIVISION/DIRECTORATE: \_\_\_\_\_ APPL. NO.: \_\_\_\_\_

**N.B.: THIS APPLICATION MUST BE PROPERLY COMPLETED BEFORE A REQUEST FOR SUBSIDISED TRANSPORT WILL BE CONSIDERED**

- Part A To be completed by the official who requires the vehicle.
- Part B To be completed by the Head of the Division/Directorate in which the applicant is employed. (NB This duty may not be delegated).
- Part C To be completed by the Departmental Advisory Committee and the Head of Department, in terms of General Delegation 0710 (N.B. This duty may not be delegated).

## PART A

### 1. PARTICULARS OF APPLICANT

I, \_\_\_\_\_  
 [FULL NAMES AND SURNAME]  
 serving as an official within the Department of \_\_\_\_\_

and having the rank of \_\_\_\_\_, apply to be allocated a subsidised vehicle for the execution of my duties. The following further particulars in connection with my application are submitted:

- 1.1 I D No. (Book of Life): \_\_\_\_\_
- 1.2 Driver's Licence No.: \_\_\_\_\_
- 1.3 Persal No.: \_\_\_\_\_
- 1.4 My period of continuous service in the Administration dates from \_\_\_\_\_  
 to the present time. The date of appointment to my present post is \_\_\_\_\_
- 1.5 My headquarters are at \_\_\_\_\_
- 1.6 My postal address is \_\_\_\_\_
- \_\_\_\_\_

**2. DUTIES OF APPLICANT WHICH REQUIRE THE USE OF A VEHICLE**

2.1) My duties are briefly as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2.2) Nature of the service for which official transport is required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2.3) The types of roads and the general state thereof to be traversed are as follows:

\_\_\_\_\_

\_\_\_\_\_

2.4) Nature and mass of equipment and/or baggage to be conveyed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2.5) Number of official passengers which will normally have to be conveyed: \_\_\_\_\_

2.6) The average monthly official distance traveled is estimated at \_\_\_\_\_ km.

2.7) The average number of days per month on which the vehicle will be used for official business is \_\_\_\_\_.

2.8) I am unable to make use of local, official or public transport for the above-mentioned trips for the following reasons: \_\_\_\_\_

\_\_\_\_\_

2.9) The vehicle is necessary to provide an existing /a new/additional service. (Delete words not applicable).

**3. VEHICLE CURRENTLY IN USE**

3.1 The following are particulars of the vehicle (if any) which is now being used for the service:

a) Make: \_\_\_\_\_ b) Model : \_\_\_\_\_

c) Type: \_\_\_\_\_ d) Year of manufacture: \_\_\_\_\_

e) Engine swept volume \_\_\_\_\_ cm<sup>3</sup> f) Odometer reading \_\_\_\_\_ km

g) Ownership of vehicle: subsidised/private/ /official assigned to \_\_\_\_\_  
 \_\_\_\_\_ \* (Delete words not applicable).

h) Official distance traveled \_\_\_\_\_ km.

i) Registration no, of vehicle \_\_\_\_\_.

**4. VEHICLE REQUIRED**

4.1 Particulars of the vehicle required:

a) Make: \_\_\_\_\_ b) Model/Description: \_\_\_\_\_

c) Type: \_\_\_\_\_ d) Engine swept volume \_\_\_\_\_ cm<sup>3</sup>

e) Choice of colour 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

3.) \_\_\_\_\_ 4.) \_\_\_\_\_

f) Extras:

Gearlock; \_\_\_\_\_

**ACCESSORIES**

Radio/Tape	R _____	Other _____	R _____
Burglar alarm	R _____	Other _____	R _____
Immobiliser	R _____	Other _____	R _____
Airconditioner	R _____	Other _____	R _____

g) Is a deposit going to be paid on delivery?: \_\_\_\_\_ Amount: \_\_\_\_\_

h) i Dealership to which vehicle is to be delivered: \_\_\_\_\_  
 (specify name of dealership)

ii City/Town of Dealership : \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**NAME OF HEAD OF DIRECTORATE** (please print name)

\_\_\_\_\_  
**RANK**

\_\_\_\_\_  
**SIGNATURE OF HEAD OF DIRECTORATE**

\_\_\_\_\_  
**DATE**

## 5. DECLARATION BY APPLICANT

I accept that should a new vehicle have to be purchased for me, the Administration and not I, will negotiate the purchase with the supplier. I declare that the information furnished in this application is correct and true. I declare that I am conversant with and fully understand the requirements and conditions of the Administration's subsidised vehicle scheme and that I accept them. I also accept that these requirements and conditions may be changed by the KwaZulu-Natal Provincial Administration, representing the State, from time to time without prior reference to myself.

I declare that the subsidised vehicle will be used to carry out my normal duties, which may necessitate the carrying of personnel, equipment, tools, etc. The vehicle will also be used on all types of roads, both blacktop and gravel.

In addition I declare that I am in a position to carry out my financial obligations under the scheme.

I accept that ownership of the subsidised vehicle remains with the State, or its appointed Service Provider, until such time that:

- a) The full amount of the purchase price has been repaid; and
- b) The selected official utilisation period has expired.

I accept that should I leave the service of the State whilst there is still a debt outstanding on my subsidised vehicle, I shall be liable for the settlement of the full balance of the debt, as determined by the Service Provider. I accept further that should my subsidised vehicle be prematurely withdrawn from official service, whilst I am still in the service of the State, the outstanding balance may be recovered in equal monthly installments from my salary and that no allowances will be paid to me.

Should I elect a bigger and/or more expensive vehicle than that which is regarded as the smallest functional vehicle for the service, and provided that it is available on Government Contract RT57, the Service Provider, may, at its discretion, request a deposit for the difference between the purchase price of the elected vehicle and the purchase price of the most expensive vehicle for which I functionally qualify for.

According to my Department's policy, I qualify for a vehicle with an engine capacity of \_\_\_\_\_ cm<sup>3</sup>.

I am aware that I will be paid the rates applicable to the class of vehicle for which I functionally qualify, and that I will be required to travel a minimum of 21 000 official kilometers per annum.

I elect to operate the vehicle over \_\_\_\_\_ months.

I elect to operate the vehicle on the \_\_\_\_\_ A \_\_\_\_\_ scheme.

Certified copies of my ID, drivers license and salary slip, are attached.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_ PLACE: \_\_\_\_\_

## PART B

I have scrutinized the properly completed application. To the best of my knowledge the statements and information furnished therein are correct.

The applicant affirms that he is conversant with and fully understands the State's subsidised vehicle scheme.

After careful investigation and consideration I am satisfied that approval of the application will be more advantageous to the State than the use of Government-owned transport.

I have no reason to believe that the applicant will leave the service within the next 32 months or that he will in the near future be transferred to duties, which do not necessitate the permanent use of motor transport.

The vehicle, which is being applied for, is the smallest functional vehicle for the service and complies with the policy of this Department. (Delete if not applicable).

The official distance considered necessary for the applicant to perform his duties effectively is \_\_\_\_\_ km per annum.

The official qualifies for a vehicle, of type \_\_\_\_\_, with an engine capacity of \_\_\_\_\_ cm<sup>3</sup>.

I confirm that funds are / will be available for the payment of the allowances.

\_\_\_\_\_  
NAME OF HEAD OF DIRECTORATE (please print name)

\_\_\_\_\_  
SIGNATURE OF HEAD OF DIRECTORATE

\_\_\_\_\_  
RANK:

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
PLACE:

# PART C

## CERTIFICATE BY DEPARTMENTAL ADVISORY COMMITTEE

The committee met on \_\_\_\_ / \_\_\_\_ /20\_\_\_\_ and considered the foregoing Application No. \_\_\_\_\_ submitted by \_\_\_\_\_ for the allocation of a subsidised vehicle, and had the following comments to make:-

- i) Revert application to Directorate Head for:
- a) Completion and recommendation of Part B
  - b) Clarification of the following aspects: \_\_\_\_\_  
\_\_\_\_\_
- ii) **Recommended** subject to the following ( **NB:"b" to also be completed in the event of any deviations to the Allocation Policy**):
- a) Qualifies up to \_\_\_\_\_ cm<sup>3</sup>, with a maximum purchase price of R\_\_\_\_\_
  - b) however, recommended up to \_\_\_\_\_ cm<sup>3</sup>, with a maximum purchase price of R\_\_\_\_\_ due to the following reasons:  
\_\_\_\_\_  
\_\_\_\_\_
- OR
- iii) **Not recommended** due to: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE – CHAIRPERSON: DEPARTMENTAL ADVISORY COMMITTEE**

\_\_\_\_\_  
**DATE**

### APPROVAL/NON-APPROVAL BY HEAD OF DEPARTMENT

In terms of General Delegation of Authority 0710 this application is **approved / not approved (delete whichever is not applicable)**. The following conditions apply if application is approved:

1. Utilisation period of \_\_\_\_\_ months.
2. Assigned fuel and maintenance allowances for a vehicle with an engine capacity of \_\_\_\_\_ cm<sup>3</sup>, and of type \_\_\_\_\_ will apply.
3. Scheme A is to apply.

**APPROVED/NOT APPROVED (delete whichever is not applicable)**

\_\_\_\_\_  
**HEAD OF DEPARTMENT**

\_\_\_\_\_  
**DATE:**