



PROGRAMME

PROGRAMME DETAILS DRIVER'S LICENSE (THUTHUKA SDP)

PROVINCE KWAZULU NATAL

PERSONAL DETAILS

Surname	
First Names	
I.D Number	
District Municipality	
Local Municipality	
Ward Number	
Address (attach proof of	
residence: Stamped Letters	
from the Cllr & TC are	
admissible)	
Own Contact Number:	
Other Contact Number:	
Date of Birth:	
dd/mm/year	

	ı					
Race:						
Home Language:						
Other Languages:						
Gender:	Female		Male	!		
Do you have a disability?	Yes		No			
If yes, please describe briefly & attach proof						
Are you a SA citizen?	Yes		No			
If not, what is your nationality						
Do you have a criminal record/s?	Yes		No			
If yes, please provide details						
Choose a Driver's licence Category that You are Applying for.	В	ЕВ	С		C1	EC
EDUCATIONAL DETAILS						
Highest Grade Passed						
POST - MATRIC QUALIFICATIONS (Optional)						
Institution / Provider	Qualifications			Year Obtained		

	ı	1			
Please explain why you wish to apply for this project					
I hereby confirm that the above information is true and correct.					
Signature of Applicant:					
Date of application:					
Please attach a copy of your Identity document (ID), Certificates (if available) and Proof of					
Residence.					