

CONTRACTORS ACCESS APPLICATION FORM

EDG

HC

MED

PMB

WST

(Costs involved: Access ID Card - R 100 Vehicle Access Permit - R 30 p/m)

CONTRACTOR OWNER DETAILS

Company Name: _____

First Name: _____ Last Name: _____

ID No. : _____

Cell No. : _____ Signature: _____

CONTRACTOR VEHICLE DRIVER DETAILS (** Copy of ID Document to be attached.)

First Name: _____ Last Name: _____

ID No. : _____ Signature: _____

Cell No. : _____ ID Card Required ?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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I, hereby agree to abide by the Traffic Rules of the UKZN and Disciplinary regulations regarding parking on UKZN campuses presently in force, as amended from time to time. I swear that all provided information is complete, true and correct.

CONTRACTOR VEHICLE DETAILS

Reg No. : _____ ND 123456 / TESTZN Colour: _____ Bronze

Make: _____ Toyota Model: _____ Yaris

IPP / CMS / RMS / H.O.D/ DEPARTMENT / FACULTY MANAGEMENT

First Name: _____ Last Name: _____

Staff No.: _____ Cell No. : _____

Designation: _____ Signature: _____

Expiry Date:

dd	/	mm	/	yyyy
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 * (End date of contract is required)

Please note that once contract has expired, the contractor will need to renew the vehicle access permit if contract extended.

OFFICE USE ONLY

Date: _____ dd / mm / yyyy Receipt No. : _____

ID Card No. : _____ ID Card Cost: R _____

Permit No. : _____ Permit Cost: R _____

Incomplete forms will not be attended to.