

EDG

HC

MED

PMB

WST

DEPARTMENT

DEPARTMENT STAFF MEMEBER DETAILS (Responsible person for department vehicle)

First Name: _____

Last Name: _____

ID No. : _____

Staff No. : _____

Cell No. : _____

Signature: _____

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.

DEPARTMENT VEHICLE DETAILS

Reg No. : _____ ND 123456 / TESTZN

Colour: _____ Bronze

Make: _____ Toyota

Model: _____ Yaris

PERMIT AREA

OPEN

RESERVED

UNDERCOVER

AREA (RESERVED or UNDERCOVER):

PERMIT AREA COST (** If Reserved/Undercover, please ensure copy of IDR / Receipt is attached.)

<input type="checkbox"/>	OPEN	12 months	x	R 0	=	Total Cost	-	R 0
<input type="checkbox"/>	RESERVED	12 months	x	R 40	=	Total Cost	-	R 480
<input type="checkbox"/>	UNDERCOVER	12 months	x	R 80	=	Total Cost	-	R 960

OFFICE USE ONLY

Date: _____ / _____ / _____

Permit No. : _____

Permit Cost: R _____

Incomplete forms will not be attended to.