

EDG

HC

MED

PMB

WST

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

**VISITING DEPARTMENT / FACULTY / SCHOOL:**

**PURPOSE OF VISIT:**

**VISITOR DETAILS (\*\* Copy of ID Document to be attached. )**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**ID No. :** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
**Cell No. :** \_\_\_\_\_ **ID Card Required ?**     Yes     No

*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.*

**VISITORR VEHICLE DETAILS**

**Reg No. :** \_\_\_\_\_ **Colour:** \_\_\_\_\_  
**Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_

**DEPARTMENT / FACULTY MANAGEMENT AUTHORISATION**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Staff No.:** \_\_\_\_\_ **Cell No. :** \_\_\_\_\_  
**Designation:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Expiry Date:** dd / mm / yyyy \* *(End date of visit is required)*

*Please note that visit needs to be at least 1 month but no more than 3 months.*

**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.**