UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

Traffic Ticket Appeal Form

For Office Use Only	
Valid UKZN Vehicle Entry Permit?	☐ Yes ☐ No

APPLICANT INFORMATION			
First Name		Last Name	
UKZN Card No.		Contact No.	
Email Address			

Ticket Number		Date	Time	Incident Location	Amount
TO2/					

Vehicle Registration		Vehicle Colour	
Vehicle Model		Vehicle Make	

Campus where traffic offence occurred?

☐ EDG ☐ HCC ☐ MED ☐ PMB ☐ WST

Category ☐ Staff ☐ Student ☐ Contractor

Write your statement below (please be specific):
Specific action requested and why?

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I attest to all the documentation that I have submitted with this form is true and accurate. I authorise investigation of all statements made in this application and understand that false information or documentation, or failure to disclose relevant information may be grounds for rejection of my appeal.

Applicant Signature:		Date:	

SECURITY MANAGER			
Action Taken	☐ Appeal Granted	☐ Appeal Denied	
Reason			
Applicant Signature:		Date:	