

# APPLICATION FOR THE PROVISION OF SUBSIDISED TRANSPORT

File/Application No.: \_\_\_\_\_

BRANCH/DIVISION/DIRECTORATE: \_\_\_\_\_

**NB: THIS APPLICATION MUST BE PROPERLY COMPLETED BEFORE A REQUEST FOR SUBSIDISED TRANSPORT WILL BE CONSIDERED**

Part A To be completed by the official who requires the vehicle.

Part B To be completed by the Head of the Division/Directorate in which the applicant is employed.

Part C To be completed by the Departmental Advisory Committee and the Head of Department in terms of General Department of Transport Delegation.

## PART A

### 1.) PARTICULARS OF APPLICANT

I, \_\_\_\_\_  
(FULL NAMES AND SURNAME)

serving as an official within the Department of \_\_\_\_\_ and  
having the rank of, apply to be allocated a Subsidised Motor Vehicle for the execution of my duties.  
The following further particulars in connection with my application are submitted:

- 1.1) I D No. (Book of Life): \_\_\_\_\_
- 1.2) Driver's License No: \_\_\_\_\_
- 1.3) PERSAL/PERSOL No: \_\_\_\_\_
- 1.4) My period of continuous service in the Department/Administration dates from \_\_\_\_\_  
to the present time. The date of appointment to my present post is \_\_\_\_\_
- 1.5) My headquarters are at \_\_\_\_\_
- 1.6) My postal address is \_\_\_\_\_

**2.) DUTIES OF APPLICANT, WHICH REQUIRE THE USE OF A VEHICLE**

- 2.1) My duties are briefly as follows: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 2.2) Nature of the service for which a Subsidised Motor Vehicle is required: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 2.3) The types of roads and the general state thereof to be traversed are as follows: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 2.4) Nature and mass of equipment and/or baggage to be conveyed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 2.5) Number of official passengers who will normally have to be conveyed: \_\_\_\_\_
- 2.6) The average monthly official distance to be traveled is estimated at \_\_\_\_\_ km's.
- 2.7) The average number of days per month on which the vehicle will be used for official business is, \_\_\_\_\_
- 2.8) I am unable to make use of local, official or public transport for the above-mentioned trips for the following reasons: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 2.9) The vehicle is necessary to provide an existing/new/additional service. (*Delete words not applicable*).

**3.) VEHICLE CURRENTLY IN USE**

- 3.1) The following are particulars of the vehicle (if any) which is now being used for the service:
  - a) Make: \_\_\_\_\_
  - b) Model: \_\_\_\_\_
  - c) Type: \_\_\_\_\_
  - d) Year of manufacture: \_\_\_\_\_
  - e) Engine swept volume \_\_\_\_\_ cm<sup>3</sup>
  - f) Odometer reading \_\_\_\_\_ km's
  - g) Ownership of vehicle: Subsidised/Private/Official "Pool"/Official assigned to \_\_\_\_\_  
 \_\_\_\_\_ \* (*Delete words not applicable*).
  - h) Official distance traveled (if Subsidised Vehicle) \_\_\_\_\_ km.
  - i) Registration number of vehicle \_\_\_\_\_

**4.) VEHICLE REQUIRED**

4.1) Particulars of the vehicle required:

- a) Make: \_\_\_\_\_ b) Model: \_\_\_\_\_
- c) Type: \_\_\_\_\_ d) Engine swept volume \_\_\_\_\_ cm<sup>3</sup>
- e) Choice of colour 1.) \_\_\_\_\_ 2.) \_\_\_\_\_  
3.) \_\_\_\_\_ 4.) \_\_\_\_\_
- f) Extras: Gear-Lock and Sealing of Odometer  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- g) Is a deposit going to be paid on delivery? \_\_\_\_\_ Amount: \_\_\_\_\_
- h) Dealership to which vehicle is to be delivered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5.) DECLARATION BY APPLICANT**

I accept that should a new vehicle have to be purchased for me, the Department/Administration and not I will negotiate the purchase with the supplier. I declare that the information furnished in this application is correct and true. I declare that I am conversant with and fully understand the requirements and conditions of the Department/Administration's Subsidised Vehicle Scheme and that I accept them. I also accept that these requirements and conditions may be changed by the National/Provincial Department of Transport, representing the State, from time to time without prior reference to myself.

I declare that the Subsidised Vehicle will be used to carry out my normal duties, which may necessitate the carrying of personnel, equipment, tools, etc. The vehicle will also be used on all types of roads, both blacktop and gravel.

In addition I declare that I am in a position to carry out my financial obligations under the scheme.

I accept that ownership of the Subsidised Vehicle remains with the State's appointed service provider(s), and ownership of the vehicle shall transfer to me subject to the conditions as set out in the Subsidised Policy document paragraphs 12 and 17.

I accept that should I leave the service of the State whilst there is still a debt outstanding on my Subsidised Vehicle or should my vehicle be prematurely withdrawn from official service, I shall be liable for the settlement of the full balance of the debt, as determined by the service provider(s), and no allowances will be paid to me.

Should I elect a bigger and/or more expensive vehicle than that which is regarded as the smallest functional vehicle for the service, and provided that it is available on National Contract RT77, I will pay the difference between the purchase price plus VAT on the more expensive vehicle and the purchase price plus VAT on the smallest functional vehicle. I will also be responsible for the monthly payment of the difference in the maintenance and capital allowance between the smallest functional vehicle and the more expensive vehicle. The service provider(s), may, at its discretion, request a deposit for the difference between the purchase price of the elected vehicle and the purchase price of the more expensive vehicle for which I functionally qualify for.

According to my Department/Administration's policy, I qualify for a vehicle with an engine capacity of \_\_\_\_\_ cm<sup>3</sup>.

I am aware that I will be paid the rates applicable to the class (cc) of vehicle for which I functionally qualify, and that I will be required to travel 70% official kilometers of the total kilometers traveled over the contract period.

I elect to operate the vehicle over \_\_\_\_\_ months.

I elect to operate the vehicle on Scheme "\_\_\_\_\_".

Certified copies of my ID, driver's license and salary slip are attached.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SIGNED AT:** \_\_\_\_\_

## PART B

I have scrutinized the properly completed application. To the best of my knowledge the statements and information furnished therein are correct.

The applicant affirms that he/she is conversant with and fully understands the State's Subsidised Vehicle Scheme.

After careful investigation and consideration, I am satisfied that approval of the application will be more advantageous to the State than the use of Government-owned transport.

I have no reason to believe that the applicant will leave the Government Service within the next 32 months or that he/she will in the near future be transferred to a post, which do not necessitate the permanent use of a Subsidise Motor Vehicle. I further undertake to inform the Departmental Transport Officer when the applicant leaves the employment of the State before the completion of the contractual period.

The vehicle, which is being applied for, is the smallest functional vehicle for the service and complies with the policy of this Department/Administration. (*Delete if not applicable*).

The official distance considered necessary for the applicant to perform his/her duties effectively is \_\_\_\_\_ Km's per annum.

The official qualifies for a vehicle of type, \_\_\_\_\_ with an engine capacity of \_\_\_\_\_ cm<sup>3</sup>.

I confirm that funds are/will be available for the payment of the allowances.

\_\_\_\_\_  
**SIGNATURE OF HEAD OF DIRECTORATE**

\_\_\_\_\_  
**RANK/POSITION**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNED AT**

# PART C

## CERTIFICATE BY DEPARTMENTAL ADVISORY COMMITTEE

1. The committee met on \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_ and considered the foregoing File/Application no, \_\_\_\_\_ submitted by, \_\_\_\_\_ for the allocation of a Subsidised Motor Vehicle, and had the following comments to make:

i) Revert application to Directorate Head for:

a) Completion and recommendation of Part B

b) Clarification of the following aspects:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ii) Recommended subject to the following:

a) Qualifies up to \_\_\_\_\_ cm<sup>3</sup>, with a maximum benchmark price of (category) (cc), \_\_\_\_\_

**OR**

iii) Not recommended due to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF CHAIRPERSON**

\_\_\_\_\_  
**DATE**

## APPROVAL BY HEAD OF DEPARTMENT

In terms of General Delegation of Authority this application is approved, with the following conditions:

1. Utilization period of \_\_\_\_\_ months.
2. Assigned fuel and maintenance allowances for a vehicle with an engine capacity of, \_\_\_\_\_ (cc), and vehicle benchmark of \_\_\_\_\_ will apply.
3. Scheme "\_\_\_\_\_" is to apply.

\_\_\_\_\_  
**HEAD OF DEPARTMENT**

\_\_\_\_\_  
**DATE**