

PERMISSION TO ACCESS DEMERIT POINTS HISTORY – AARTO 27

INSTRUCTIONS FOR COMPLETING THE FORM

- In terms of section 33 of Act 46 of 1998, only a person in his own capacity or the employer of a person can access his/her Demerit Point history after permission has been obtained.
- This form must be completed and handed in at any Issuing Authority or driving license testing centre.
- This form may also be electronically, downloaded, completed and submitted at the following Internet website: **www.aarto.co.za**
- This form must be used to request your personal Demerit Point history **or** to grant permission to an authorised applicant to gain access to Demerit Point information of the person whose particulars are provided in part A.
- Individuals may choose to grant permission to an authorised applicant as a once-off consent or for a longer period of time. In the later case, the driver is added to the authorised applicant's driver database.
- Individuals need not complete the first three lines of Part A, or Part C.
- Organisations must provide the details of the registration number of the organisation (eg CC, company or trust registration number) and the details of a representative (Surname, First names, ID number, Cell, Email, etc.) who must sign the form on its behalf.



PART A – PARTICULARS OF PERSON

Name of organisation: _____		Registration number: _____	
Type of organisation: <input type="checkbox"/> Company <input type="checkbox"/> CC <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____			
Surname: _____		Tel (home): (____) _____	
First names: _____		Tel (work): (____) _____	
Initials: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Fax: (____) _____	
Date of birth (YYYY/MM/DD): ____/____/____		Cell: _____	
ID Type: <input type="checkbox"/> RSA <input type="checkbox"/> Passport <input type="checkbox"/> Foreign ID <input type="checkbox"/> Driving Licence		Email: _____	
ID number: _____		Street address: _____	
Country of issue: _____		Postal address: _____	
Licence code: <input type="checkbox"/> A1 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C <input type="checkbox"/> EB <input type="checkbox"/> EC1 <input type="checkbox"/> EC		Code: _____	
<input type="checkbox"/> None <input type="checkbox"/> Foreign code: _____		Employer name: _____	
Learner code: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		Employer address: _____	
PrDP code: <input type="checkbox"/> Goods <input type="checkbox"/> Passengers <input type="checkbox"/> Dangerous			
Operator card nr: _____			

PART B – DECLARATION

I, the person whose particulars appear above, hereby grant permission freely and voluntarily without being influenced unduly thereto, for the particulars in respect of Demerit Points and road traffic offences already recorded against me on the National Contravention Register to be supplied to me or to the applicant, the particulars of which appear below, for the period selected below.

Issued without alterations or erasures.

Period: ☐ Once-off ☐ 6 Months ☐ 12 Months

Signature: _____ Date (YYYY/MM/DD): ____/____/____

PART C – PARTICULARS OF AUTHORISED APPLICANT

Name of organisation: _____		Registration number: _____	
Organisation type: <input type="checkbox"/> Company <input type="checkbox"/> CC <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____			
Initials and surname: _____			
Tel (work): (____) _____		Email: _____	
Fax: (____) _____		Cell: _____	
ID number: _____		ID type: <input type="checkbox"/> RSA <input type="checkbox"/> Passport <input type="checkbox"/> Foreign ID	
Date of birth (YYYY/MM/DD): ____/____/____		<input type="checkbox"/> Driving licence	
NOTE: Acceptable identification of the authorised applicant and a representative as shown above must be submitted.			
Business address: _____			
Code: _____			

PART D – OFFICE USE

Fees paid: R _____		Infrastructure no: _____	
ID of applicant verified: <input type="checkbox"/> RSA <input type="checkbox"/> Passport <input type="checkbox"/> Foreign <input type="checkbox"/> Business registration number			
Officer name: _____		Date (YYYY/MM/DD): ____/____/____	
Officer signature: _____			