

APPLICATION FOR REFUND OF MONIES – AARTO 25

INSTRUCTIONS FOR COMPLETING THE FORM

- a. This form must be completed in black ink and posted by registered mail to the following address: **AARTO - Refund, Private Bag X147, Pretoria, 0001.**
- b. The form may also be electronically obtained, downloaded, completed and printed at the following Internet website: **www.aarto.co.za**
- c. The application must be accompanied by a certified copy of the deposit slip(s) and/or proof of payment of the specific payments.
- d. A copy of the completed and signed form and supporting documents must be kept for your own records.
- e. Receipt of the application will be acknowledged within 21 days, failing which it must be re-submitted by posting it by registered mail to the address given in (a) above.
- f. Individuals need not complete the first two lines of Part B. 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 – INFRINGER AND MOTOR VEHICLE PARTICULARS

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: _____	Employer name: _____
Country of issue: _____	Employer 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	
<input type="checkbox"/> None <input type="checkbox"/> Foreign code: _____	
Learner code: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
PrDP code: <input type="checkbox"/> Goods <input type="checkbox"/> Passengers <input type="checkbox"/> Dangerous	
Street address: _____	
Postal address: _____	
Code: _____	

MOTOR VEHICLE PARTICULARS

Vehicle licence: _____
Licence disc no: _____
Operator card no: _____
Vehicle description (type): _____
Vehicle GVM: _____ kg
Make: _____
Series (model): _____
Colour: _____

PART B – PARTICULARS OF INFRINGEMENT NOTICE

Infringement Notice number: _____ - _____ - _____	
Date of infringement (YYYY/MM/DD): ____/____/____	Issuing Authority: _____

PART C – PARTICULARS OF PAYMENTS

Date of payment 1: ____/____/____	Date of payment 2: ____/____/____
Amount of payment 1: R ____.	Amount of payment 2: R ____.
Reason for refund: _____	

PART D – BANKING PARTICULARS

Please provide the Agency with your banking details to expedite the payment of a refund, if it is approved.

Name of account holder: _____
Bank name: _____ Branch name: _____
Branch code: _____ Account number: _____

PART E – DECLARATION

I declare that the above particulars are true and correct and realise that a false declaration is punishable by a fine or imprisonment or both.

Signature of applicant: _____	Date (YYYY/MM/DD): ____/____/____
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PART F – FOR OFFICE USE ONLY

Action: _____	Voucher number: _____
Date (YYYY/MM/DD): ____/____/____	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Amount: R ____.	Date (YYYY/MM/DD): ____/____/____
Signature of Registrar: _____	