

SUBSIDISED VEHICLE APPLICATION CHECK LIST

1. **Submission** - ① Submitted By {Applicant} ; ② Recommended By {Supervisor} ; ③ Recommended By {Head of Division} ; ④ Recommended By {Chief Financial Officer} ; ⑤ Approved By : {Head of the Department}

2. **Job Description**

3. **Z 81 Application Form** - {Annexure A ; B & C}

4. **Wesbank Application for Financing** - Available from Wesbank

5. **Vehicle Order**

6. **Annexures B1 & B2**

7. **Quotation**

8. **Certified Copies of :-** ① Identity Documentation ; ② Drivers Licence

9. **Latest Salary Advice** - {certified}

10. **Logsheets / summary of kilometres travelled for the last six months**

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 ³ | f) Odometer reading _____ km's |
| g) Ownership of vehicle: Subsidised/Private/Official "Pool"/Official assigned to _____
* <i>(Delete words not applicable).</i> | |
| 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 ³
e) Choice of colour 1.) _____	2.) _____
3.) _____	4.) _____
f) Extras: <u>Gear-Lock and Sealing of Odometer</u>	

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 _____ cm³.

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.

elect to operate the vehicle over _____ months.

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: _____



kgwerano
FINANCIAL SERVICES

PARTNERS IN PROSPERITY

Kgwerano Financial Services (Pty) Ltd
Reg. No. 1999/010331/07
No1 Windsor Road
Mogale City
1739
GAUTENG

Private Bag 2002 Krugersdorp 1740

VEHICLE ORDER	
PROVINCE: _____	DEPARTMENT: _____
VEHICLE MODEL: _____	BENCHMARK: R _____
TRANSMISSION: MANUAL/ AUTO	
PERIOD: 48MTHS 42MTHS 36MTHS 32MTHS	
ITEM NUMBER: MOT _____	

ACCESSORIES		
Radio/ Tape	Yes/No, R_	Other: _____ R: _____
Radio/ CD	Yes/No, R_	Other: _____
Burglar Alarm	Yes/No, R_	Other: _____
Immobiliser	Yes/No, R_	Other: _____
Air Conditioner	Yes/No, R_	Other: _____
Metallic Paint	Yes/No, R_	Other: _____
Gearlock	Yes/No, R_	Other: _____
Tracking Device	Yes/No, R_	Other: _____
COLOUR SELECTION: (If your choice is not White, you MUST choose four different colours)		
1. _____	2. _____	
3. _____	4. _____	
Preferred Dealer: _____		

DRIVER DETAILS	
Mr/Mrs/Miss: _____	Driver I.D. Number: _____
Persal Number: _____	Cell: _____ Tel: _____ Fax: _____

SIGNATURES	
SIGNATURE OF OFFICIAL: _____	PRINT NAME: _____
SIGNATURE OF WITNESS: _____	PRINT NAME: _____
DATE: _____	
IMPORTANT NOTICE: YOUR VEHICLE WILL BE ORDERED ONLY AS PER ABOVE DETAILS	

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 _____ cm³.

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 _____ cm³, 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



WesBank Auto
 Ground Floor
 Forum Building
 C/O Bosman & Struben Street
 PRETORIA
 0001

Date:

SUBSIDISED MOTOR TRANSPORT SCHEME A

❖ It is hereby confirmed that Mr/Mrs/Miss _____ is in the employ of the Department/Administration of _____ in the rank of _____ (PERSAL/PERSOL number: _____)

❖ Mr/Mrs/Miss _____ qualifies for participation in the Subsidised Motor Transport Scheme A. The official will be Subsidised in Category:

Category A – Sedan _____ cc
 Category B – LDV _____ cc
 Category C – LDV 4x4
 Category D – Buses

Category A – Station Wagon
 Category B – LDV Double Cab
 Category C – LDV 4x4 Double Cab

and will be subsidised on the following approved accessories:

Pre-delivery service
 Gear-Lock
 Other (please specify)
 Other (please specify)

Delivery charges
 Air conditioner
 Other (please specify)
 Other (please specify)

The official qualifies for an interest rate of Prime less 1,5%.

- ❖ The abovementioned Category is outside the parameters laid out in the department's policy, but is approved due to the work requirements of Mr/Mrs/Miss _____
 (Delete if not applicable)
- ❖ When entering into a credit agreement with Mr/Mrs/Miss _____ for a new vehicle, the repayments of this loan must be over a period of _____ months, with effect from the end of the month in which the first installment on the loan is payable.
- ❖ At present the official receives an annual remuneration of R _____
- ❖ The official will travel, _____ Official kilometers per annum.
- ❖ The Department/Administration undertakes to notify WesBank Auto in writing within 7 days if Mr/Mrs/Miss, _____ for whatever valid reason, does not qualify for participate in the Subsidised Motor Scheme.
- ❖ Kindly inform this Department/Administration of the date of the loan agreement. This will be regarded as the date of purchase of the vehicle.

Yours faithfully

DIRECTOR-GENERAL

Individual Application for Finance

<p>Applicant Type: Individual Applicant <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Surety/Co-Debtor <input type="checkbox"/> ID/Passport No. _____ Citizenship SA <input type="checkbox"/> Other <input type="checkbox"/> (If not SA resident, state country of Residence) Country of Residence _____ Permit Type _____ Permit No. _____ PermitExpDate / / DD/MM/YY Country Issued _____ Issue Date / / DD/MM/YY Expiry Date / / DD/MM/YY Surety ID No. (if appll) _____</p> <p>Transaction Type: Instalment Sale <input type="checkbox"/> Lease <input type="checkbox"/> Rental <input type="checkbox"/> LangPref: E <input type="checkbox"/> A <input type="checkbox"/> Other <input type="checkbox"/> EthnicGroup: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/></p> <p>Applicant's Details: Title _____ Initials _____ Surname _____ First Name _____ Middle Name _____ Gender M <input type="checkbox"/> F <input type="checkbox"/> Graduate? Y <input type="checkbox"/> N <input type="checkbox"/> Trading as/ Name _____ Tax No. _____ VAT No. _____ HomeTelNo. () _____ Cell No. _____ E-mail Address _____ Home Address: (Yrs Mnth) _____ Suburb _____ Postal Code _____ Postal Address: (If Different from Residential) _____ Suburb _____ Postal Code _____ Previous Home Address: (Yrs Mnth) _____ Suburb _____ Postal Code _____</p> <p>Employment Details: (Yrs Mnth) Name _____ Address _____ Suburb _____ Postal Code _____ BusTelNo. () _____ Fax No. () _____ Type of Industry _____ Employee No. _____ EmpCont No. () _____ Occupation _____ Previous Employment Details: (Yrs Mnth) _____ Name _____ Address _____ Suburb _____ Postal Code _____ EmpCont No. () _____ Occupation _____</p> <p>Home Ownership: Do you own your Property? Y <input type="checkbox"/> N <input type="checkbox"/> (If Yes) In your name? <input type="checkbox"/> In your Spouse's? <input type="checkbox"/> Both? <input type="checkbox"/> Property Type: House <input type="checkbox"/> Townhouse <input type="checkbox"/> Flat <input type="checkbox"/> Erf Number _____ Suburb _____ Bond/Rental Payment per month: R _____ Bond Amount Outstanding: R _____ Purchase Price R _____ Current Value R _____ If a flexi/access bond, total facility granted? R _____ Bondholder Name _____</p> <p>Know Your Client (KYC): Face to Face On-Site <input checked="" type="checkbox"/> Face to Face Off-Site <input type="checkbox"/> Remote-Other <input type="checkbox"/></p>	<p>Dealer Code _____ Originating Branch _____ Input Branch _____ Credit Provider Introducing Branch _____ Marketer's Code _____ Marketers Name _____ Marketer's ID No. _____ Fax No. () _____ Lead Provider _____ Lead Provider ID No. _____</p> <p>Marital Details: S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> No. of Dependants _____ Date Married / / (DD/MM/YY) ANC <input type="checkbox"/> COP <input type="checkbox"/> OTHER <input type="checkbox"/> Spouse's Details: First Name _____ Surname _____ Income R _____ Spouses ID No./ DOB _____ Spouse Employer Name: _____ Spouse Employers Address: _____ Suburb _____ Postal Code _____ Relative's Details: (Nearest Relative in SA not living with you) Relationship _____ Relative's Tel No. () _____ Surname _____ First Name _____ Relative's Address: _____ Suburb _____ Postal Code _____ Landlord's Details: (Name & Address of Landlord where goods will be kept) Landlord's Name: _____ Landlord Address: _____ Suburb _____ Postal Code _____</p> <p>Banking Details: Account Type: Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission <input type="checkbox"/> Bank Name _____ Branch Code _____ Account No. _____ Account Holder Name _____ (If appl) Overdraft Bal: R _____ Limit: R _____ Credit Card Company _____ Credit Card Number _____ Cr.Facility Bal: Straight R _____ Budget R _____ Cr.Facility Limit: Straight R _____ Budget R _____</p> <p>Existing &/or a previous Account with this Credit Provider: Branch No. _____ Account No. _____ Account Name _____ Instalment Amount per month R _____ Number of Instalments _____ Current? <input type="checkbox"/> Paid Up? <input type="checkbox"/> To be settled? <input type="checkbox"/></p> <p>Existing accounts with other Credit Provider? Name of Company _____ Account No _____ Instalment Amount per month - R _____ Current? <input type="checkbox"/> Paid up? <input type="checkbox"/> To be settled? <input type="checkbox"/> Name of Company _____ Account No _____ Instalment Amount per month - R _____ Current? <input type="checkbox"/> Paid up? <input type="checkbox"/> To be settled? <input type="checkbox"/></p>
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Individual Applicant Sole Proprietor Surety/Co-Debtor

ID/Passport No: _____

Transaction Details: Goods Description _____

Applicant's Income Details:

Year Model _____ Salesman _____

Gross Remuneration R _____

Dealer Name _____ Dealer Tel No. (_____) _____

Monthly Commission R _____

Scheme Code _____ Buyline Code _____

Car Allowance included in Gross R _____

M&M Code _____ Period of Contract (Mnths) _____

Net Take-home Pay R _____

Special Requirements _____

Income other than Salary/Wages R _____

Balloon Payment _____ % R _____

Source of Income _____

Residual Value _____ % R _____

Total Monthly Income R _____

Purpose of Goods: Business Private Taxi Commerce

Applicant's Expenses per month:

Payment Frequency: Month Bi-Ann Quart Annual

Bond Payment / Rent R _____

Payment Mode: Advance Arrears Cash DebitOrder

Rates, Water and Electricity R _____

Applicant's Financial Details:

Proposed Rate _____ % Fixed Linked

Vehicle Instalments (excluding those to be settled) R _____

Selling Price (VAT inclusive) R _____

Personal Loan Repayments R _____

Extras Description _____ R _____

Credit Card Repayments R _____

_____ R _____

Furniture Accounts R _____

_____ R _____

Clothing Accounts R _____

_____ R _____

Overdraft Repayments R _____

Total of Extras R _____

Policy/ Insurance Repayments R _____

Dealer VAPS Description _____ R _____

Telephone Payment R _____

_____ R _____

Transport Costs R _____

Delivery Fee _____ R _____

Food and Entertainment R _____

Initial Fuelling Charges _____ R _____

Education Costs R _____

License and Registration Costs _____ R _____

Maintenance R _____

Initiation Fees to be financed? Y N

Household Expenses R _____

Less Deposit /Initial Rental _____ R _____

Other R _____

Source of Deposit _____ R _____

Total Monthly Expenses R _____

Total R _____

Applicant's Disposable Income R _____

Date Remuneration Received: ____/____/____ DD/MM/YY

Are you currently liable as: Surety Guarantor Co-debtor

Specify Details: _____

Insurance-Bank VAPS

InSale/Lease -Inside Act

Rental - Outside Act

Credit Life Monthly

Credit Life Monthly Term

Service & Maintenance Term

Cover Plus Monthly

Cover Plus Monthly Annual Term

Extended Warranty Term

Extended Warranty Term

Motor Comprehensive Monthly Annual

Other

Other

Courtesy Car Monthly Annual

Comprehensive Vehicle Insurance? Y N Policy No. _____ Monthly Annual

Existing Ins. Co Name _____ Tel No. (_____) _____ Broker Name _____ Tel No. (_____) _____

I confirm that: -

- A. I am not a minor.
- B. I have never been declared mentally unfit by a court.
- C. I am not subject to an Administration Order.
- D. I do not have any current application pending for debt restructuring or alleviation.
- E. I do not have any current debt re-arrangement in existence.
- F. I have not previously applied for a debt re-arrangement.
- G. I am not under sequestration.
- H. I do not have applications pending for credit, nor open quotations as envisaged in section 92 of the National Credit Act.

If any of the above is incorrect, state which and give details:

- I. I would like to be included in any Telemarketing Campaign. Y N
- J. I would like to be included in any Marketing List that you may sell or distribute. Y N
- K. I would like to be included in any mass distribution of emails or SMS messages. Y N

I understand that I will be liable for a monthly service fee.

I hereby consent to this Credit Provider making enquiries regarding my credit history with any credit bureau.

I consent to this Credit Provider reporting the conclusion of any credit agreement with me to the National Loans Register in compliance with this Credit Provider's obligation under the National Credit Act.

I hereby declare that the information provided by me is true and correct.

Signature of Applicant _____

Date _____



kgwerano
 A division of WesBank
 A division of FirstRand Bank Limited.
 Registered Bank, Reg. No. 1929/001225/06
 Val Reg. No. 4210102051

MARITAL STATUS CONFIRMATION

Ref No:	
Date/Time:	
Old Account No:	
New Account No:	

Confirmation of Marital Status and Spouses consent

Section A

Consent of spouse (in community)

Date _____

I, the undersigned (full name) _____

declare that:

a) I am party to a marriage / civil union that is in Community of Property to _____

that was concluded at _____

on (date) _____

b) I undertake to advise KGWERANO ASSET FINANCE a Division of WESBANK immediately if I change the way I am married,
 c) I hereby consent to my spouse entering into a Instalment Sale / Lease / Rental Agreement / Suretyship with KGWERANO ASSET FINANCE a Division of WESBANK.

Spouse

 Witness 1

 Witness 2

Section B

Confirmation of marriage out of Community of Property

Date _____

the undersigned (full name) _____

declare that:

a) I am party to a marriage / civil union that is out of Community of Property to _____

that was concluded at _____

on (date) _____ and I entered into an Antenuptial Contract which excludes community of Profit and Loss.

b) I undertake to advise KGWERANO ASSET FINANCE a Division of WESBANK immediately if I change the way I am married.

 Consumer/Surety

 Witness 1

Section C

Confirmation of marital status

Date _____

I, the undersigned (full name) _____

hereby confirm that I am single and am not married nor a party

to a civil union.

 Consumer/Surety

 Witness 1