GOVERNMENT MOTOR TRANSPORT
APPLICATION TO HIRE FROM GMT

Instructions:

1. The client institution hereby acknowledges the following:
2. The client code is correct.
3. The client institution accepts responsibility for the associated expenditure.
4. The client institution will retain a copy of the approved application for record and audit purposes.
5. An approved Application to Travel, copy of valid drivers' license, public driving permit (PrDP) (where applicable) and latest AARTO demerit points, when the AARTO Act is implemented, are attached to this form for GMT to release the vehicle.
6. The conditions as set in the GMT SLA will be complied with.
7. Written requests for extensions will be submitted before the expiry date as set in Section B.5 below.

A. APPLICANT

1. Client Institution: _____

2. Component: _____

3. Street address: _____

4. Requested by

4.1. ID/Persal No : | | | | | | | | | | | | | |

4.2 Title, initials and surname: _____

4.3 Contact telephone no: _____ 4.4. Fax no: _____

4.5. E-mail address: _____

5. Requested for

5.1. ID No : | | | | | | | | | | | | | |

5.2 Title, initials and surname: _____

5.3 Contact telephone no: _____ 5.4. Fax no: _____

5.5. E-mail address: _____

B. TYPE OF VEHICLE REQUIRED

1. GG-vehicle ☐ People transporter ☐ EV/Hybrid ☐ VIP ☐ LDV ☐ PVan ☐ Truck ☐ Auto transm ☐ Tow bar ☐ Trailer ☐

2. Engine capacity:
(Only wrt petrol/diesel vehicles) | | | | | CC |

3. Date required: | | | | | 2 | 0 | | |

4. Time required (24h00): | | | : | | |

5. Intended date of return: | | | | | 2 | 0 | | |

6. Point of collection: _____ 7. Point of return: _____

C. FINANCIAL IMPLICATIONS)

1. Client Code: | | | | | | | | |

2 Initials and Surname of Delegated Authority _____

3. Signature of Delegated Authority: _____

4. ID/Persal No : | | | | | | | | | | | | | |

5. Date: | | | | 2 | 0 | | |