

GOVERNMENT MOTOR TRANSPORT TRANSPORT INDEMNITY / RELEASE FORM

I, the undersigned

.....

(Full name and surname in block letters)

.....

(Identity Number)

travelling as a passenger in a motor vehicle or other mode of transportation of Government for the period:

Date From:..... Date To:

hereby indemnify, release and discharge Government, its staff members, officials and other persons authorised by Government from all liability arising from claims that I as a passenger and my dependants may have for any injury (including injury resulting in death), however caused, sustained by me and for loss of or damage, however caused, to my personal belongings suffered at any time during the course of my transportation as a passenger in a motor vehicle or other mode of transportation belonging to Government.

THUS DONE AND SIGNED AT.....

ON THIS.....**DAY OF**.....**20**.....

AS WITNESS

1.

SIGNATURE OF PASSENGER

2.

**DELEGATED AUTHORITY
APPROVED/NOT APPROVED/COMMENTS**

.....
.....
.....
.....

SIGNATURE:

NAME AND SURNAME:

INSTITUTION NAME:.....

DATE:.....