

ABNORMAL EXEMPTION PERMIT APPLICATION FORM

FULL COMPANY NAME:

COMPANY REGISTRATION NUMBER:

COMPANY VAT NUMBER:

CONTACT PERSON:

TEL NUMBER:

CELL NUMBER:

E-MAIL:

COMPANY ADDRESS:

POSTAL

PHYSICAL

VEHICLE DETAILS:

TRUCK

DOLLY

SEMI TRAILER

REG NR:

REG NR:

REG NR:

AXLES:

AXLES:

AXELS:

WIDTH:

WHEEL BASE:

LOAD DETAIL:

DESCRIPTION

LENGTH:

mm

REAR PROJECTION:

mm

WIDTH:

mm

HEIGHT:

mm

LOADED HEIGHT:

mm

MASS:

kg

COMMENCEMENT DATE:

ROUTE DETAIL:

FROM:

TO:

SPECIFIC ROUTE REQUEST:

SELECT PROVINCES:

GAU	MP	FS	KZN	N/CAPE	W/CAPE	E/CAPE	NW	LIMP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CROSS BORDER COUNTRIES:

DELIVERY INSTRUCTIONS:

FAX	E-MAIL	COURIER	COLLECT: AGENT OR ADMIN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTACT PERSON:

TEL:

Please note: As we are making use of independent courier companies Pegasus Consulting (Pty) Ltd cannot be held liable for late delivery of permits.

SPECIAL INSTRUCTIONS:

ORDER NUMBER: