



VEHICLE ORDER FORM: SEMI ADHOC RENTAL

Please complete all fields as they are Mandatory . Order will **not** be processed if all necessary information is not supplied.

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| Department name (Customer): _____ Region (Account): _____ Please indicate if Account is: Main (Exchequer), Trading or Forestry _____ Responsibility Code and _____ Responsibility Name (Cost Centre): _____ Objective Code: _____ | | Office use only: MVA nr : _____ Quote nr: _____ Order nr: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rental Period: From (Date): _____ To (Date): _____ Delivery Address: _____ Pool Vehicle: Yes/No <input type="checkbox"/> Contact Information: Please complete all details below For Pool vehicles . Enter name of Transport / Contact in "Name & Surname" field below. For Allocated vehicles . Enter Driver details in "Name & Surname" field below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name & Surname: _____ Physical Office Address: _____ (Not postal address) _____ Transport Officer: _____ Transport Off Tel. No.: _____ | | Driver ID No.: _____ Driver PERSAL No.: _____ Driver Office Telephone: _____ Office Fax: _____ Office E-Mail: _____ Driver Cell No.: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If this is a replacement order, please supply registration number of written off/stolen vehicle: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VEHICLE DETAILS (Please note: all vehicles are fitted with Aircon and Radio/CD): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicle Type (tick applicable): Make (e.g. Toyota): Model (e.g. Corolla): Engine capacity (e.g. 1.6 etc.): Fuel type (Petrol / Diesel): In case of LDV – Single/Double Cab: In case of LDV – 4x4 or 4x2: | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">Sedan</td> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;">Hatch</td> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;">LDV</td> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;">Other . Specify:</td> <td></td> </tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> | | Sedan | | Hatch | | LDV | | Other . Specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sedan | | Hatch | | LDV | | Other . Specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Optional Accessories (tick applicable): Towbar <input type="checkbox"/> ½ door Canopy <input type="checkbox"/> Other . Specify: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AUTHORISED SIGNATORY: I, the undersigned, hereby warrant that I am duly authorised to Order the above vehicle in terms of DoT/34/2005/GMT: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME (PLEASE PRINT) _____ | | ID or PERSAL NUMBER _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE _____ | | DATE _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SCRUTINIZED BY CLM: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME (PLEASE PRINT) _____ | | SIGNATURE _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE _____ | | Departmental Stamp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Call Centre: 0800 205 111 PhakisaWorld Fleet Solutions (Pty) Ltd Co. Reg. No. 2005/008588/07 VAT Reg. No. 4340228099 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |