



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.

| | |
|---|---|
| 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 **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: _____ | Driver ID No.: _____ |
| Physical Office Address: (Not postal address) _____ | Driver PERSAL No.: _____ |
| _____ | Driver Office Telephone: _____ |
| _____ | Office Fax: _____ |
| Transport Officer: _____ | Office E-Mail: _____ |
| Transport Off Tel. No.: _____ | 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): | Sedan <input type="checkbox"/> | Hatch <input type="checkbox"/> | LDV <input type="checkbox"/> | Other . Specify: _____ |
| 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: | _____ | _____ | _____ | _____ |

Optional Accessories (tick applicable): Towbar ½ door Canopy

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