


# APPLICATION TO PAY IN INSTALMENTS – AARTO 04

## INSTRUCTIONS FOR COMPLETION OF THE FORM

- a. This form must be completed in black ink and posted by registered mail to the following address: **AARTO – Instalments, Private Bag X147, Pretoria, 0001.** 
- b. This form may also be electronically obtained, completed and submitted at the following Internet website: **www.aarto.co.za**
- c. This form may also be completed and faxed to the following number: **011 256 1045**
- d. A copy of the completed form must be kept for your own records.
- e. Receipt of the application will be acknowledged within 21 days, failing which it must be re-submitted by posting it by registered mail to the address given in (a) above.
- f. Individuals need not complete the first two lines of Part B. Organisations must provide the details of the registration number of the organisation (eg CC, company or trust registration number) and details of a representative (Surname, First names, ID number, cell, email, etc.) who must sign the form on its behalf.

## PART A – APPLICATION

I, the particulars of whom are provided under **Part B** below, hereby apply in terms of section 17(1)(f)(iii) of Act 46 of 1998, to pay the penalty, particulars of which are provided under **Part C** below, in monthly instalments. The options selected to pay such monthly instalments are indicated under **Part D** below.

## PART B – INFRINGER AND MOTOR VEHICLE PARTICULARS

Name of organisation: <input type="text"/>	Registration number: <input type="text"/>
Type of organisation: <input type="checkbox"/> Company <input type="checkbox"/> CC <input type="checkbox"/> Partnership <input type="checkbox"/> Other: <input type="text"/>	
Surname: <input type="text"/>	Tel (home): ( <input type="text"/> <input type="text"/> ) <input type="text"/>
First names: <input type="text"/>	Tel (work): ( <input type="text"/> <input type="text"/> ) <input type="text"/>
Initials: <input type="text"/> Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Fax: ( <input type="text"/> <input type="text"/> ) <input type="text"/>
Date of birth (YYYY/MM/DD): <input type="text"/> / <input type="text"/> / <input type="text"/>	Cell: <input type="text"/>
ID Type: <input type="checkbox"/> RSA <input type="checkbox"/> Passport <input type="checkbox"/> Foreign ID <input type="checkbox"/> Driving Licence	Email: <input type="text"/>
ID number: <input type="text"/>	Employer name: <input type="text"/>
Country of issue: <input type="text"/>	Employer address: <input type="text"/>
Licence code: <input type="checkbox"/> A1 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C <input type="checkbox"/> EB <input type="checkbox"/> EC1 <input type="checkbox"/> EC <input type="checkbox"/> None <input type="checkbox"/> Foreign code: <input type="text"/>	<b>MOTOR VEHICLE PARTICULARS</b>
Learner code: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Vehicle licence: <input type="text"/>
PrDP code: <input type="checkbox"/> Goods <input type="checkbox"/> Passengers <input type="checkbox"/> Dangerous	Licence disc no: <input type="text"/>
Street address: <input type="text"/>	Operator card no: <input type="text"/>
<input type="text"/>	Vehicle description (type): <input type="text"/>
Postal address: <input type="text"/>	Vehicle GVM: <input type="text"/> kg
<input type="text"/>	Make: <input type="text"/>
Code: <input type="text"/>	Series (model): <input type="text"/>
	Colour: <input type="text"/>

## PART C – PARTICULARS OF INFRINGEMENT NOTICE

Infringement Notice number:  -  -

Date of infringement (YYYY/MM/DD):  /  /  Issuing Authority:

## PART D – PARTICULARS OF THE PAYMENT OPTIONS REQUESTED

The penalty amount payable and the number of monthly instalments requested are as follows:

i. Penalty amount, excluding the discount: R  .  (not exceeding R750.00)

ii. Number of monthly instalments requested:  (The maximum period allowed is 6 months)

**OR**

i. Penalty amount, excluding the discount: R  .  (exceeding R750.00)

ii. Number of monthly instalments requested:  (The maximum period allowed is 12 months)

The method of payment of the monthly instalments will be:

i.  **Bank debit order:** Should my application be approved, I hereby authorise that on the first day of every month an amount, which is equal to the total amount due, divided by the number of months approved, be drawn from my bank account, details of which are given below, until the total amount due is paid in full.

Name of bank:  Name of branch:

Name of account holder:

Bank account number:  Branch code:

Type of account:  Cheque  Savings  Transmission

**OR**

ii.  **Monthly deposits:** Should my application be approved, I hereby undertake that on the first day of every month I will deposit an amount, which is equal to the total amount due, divided by the number of months approved, into the AARTO account, until the total amount due is paid in full.

I, the infringer, hereby undertake to make a deposit, of an amount equal to the total amount due, divided by the number of months approved by the Agency, into the designated bank account, on the first day of every month until the total amount due is paid.

Signature of infringer:  Date (YYYY/MM/DD):  /  /