


NOMINATION OF DRIVER OR PERSON IN CONTROL – AARTO 07

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 - Nomination, Private Bag X147, Pretoria, 0001.** 
- b. The completed form must be submitted to and signed before a commissioner of oaths on presentation of the original Infringement Notice and, if applicable the original Courtesy Letter that was issued.
- c. The form may also be electronically obtained, downloaded, completed and printed at the following Internet website: **www.aarto.co.za.**
- 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 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

- a. I, the particulars of whom are provided under Part B below, hereby declare in terms of section 17(1)(v) of Act 46 of 1998, that I was not the driver or in control of the motor vehicle at the time the infringement(s), as stated in the infringement notice issued to me, was committed. Particulars of the infringement are provided under Part C below.
- b. I hereby further nominate the driver or person who was in control of the identified vehicle at the place on the date and at the time that the infringement was committed, as stipulated in the infringement notice referred to, by providing his/her particulars under Part D below and attaching substantiating documents (driving licence and/or identity document).

PART B – PERSONAL PARTICULARS (Original infringer)

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"/>
First names: <input type="text"/>	Tel (work): (<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"/>
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"/>	

MOTOR VEHICLE PARTICULARS

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: <input type="text"/> - <input type="text"/> - <input type="text"/>
Date of infringement (YYYY/MM/DD): <input type="text"/> / <input type="text"/> / <input type="text"/> Issuing Authority: <input type="text"/>

PART D – PARTICULARS OF NOMINATED DRIVER/PERSON IN CONTROL

Surname: <input type="text"/>	Tel (home): (<input type="text"/>) <input type="text"/>
First names: <input type="text"/>	Tel (work): (<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"/>
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	Email: <input type="text"/>
<input type="checkbox"/> Driving Licence	Street address: <input type="text"/>
ID number: <input type="text"/>	<input type="text"/>
Country of issue: <input type="text"/>	Postal 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="text"/> Code: <input type="text"/>
<input type="checkbox"/> None <input type="checkbox"/> Foreign code: <input type="text"/>	Employer name: <input type="text"/>
Learner code: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Employer address: <input type="text"/>
PrDP code: <input type="checkbox"/> Goods <input type="checkbox"/> Passengers <input type="checkbox"/> Dangerous	<input type="text"/>

PART E – AFFIRMATION OR OATH BY INFRINGER

- a. * I solemnly affirm the content of the declaration and nomination of the person on the reverse hereof  as the truth, the whole truth and nothing but the truth.
- b. * I know and understand the content of the declaration and nomination of the person on the reverse hereof and do not have any objection in taking the prescribed oath and consider the prescribed oath to be binding on my conscience.
- c. I have attached a copy of the persons driving licence and/or identity document.
- d. I further declare that I understand that this nomination may be rejected, upon which I will be liable for all penalties and fees as described in the original Infringement Notice.

* whichever is applicable.

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

PART F – CERTIFICATE OF THE COMMISSIONER OF OATHS

As a Commissioner of Oaths, I hereby certify that the infringer:

- a. * solemnly affirms the content of this declaration as the truth, the whole truth and nothing but the truth; or
- b. * has no objection in taking the prescribed oath and that he/she considers the prescribed oath to be binding on his/her conscience.

* whichever is applicable

Signature of Commissioner of Oaths: Place: Date (YYYY/MM/DD): / /

PART G – PARTICULARS OF THE COMMISSIONER OF OATHS

Surname : <input type="text"/>	Identification number: <input type="text"/>
First names: <input type="text"/>	Tel (work): (<input type="text"/>) <input type="text"/>
Designation: <input type="text"/>	Cell: <input type="text"/>
Business address: <input type="text"/>	Office held: <input type="text"/>
<input type="text"/>	
Code: <input type="text"/>	

PART H – STAMP OF THE COMMISSIONER OF OATHS/ OFFICIAL STAMP

Large empty rectangular area for the official stamp of the Commissioner of Oaths.

Infringement notice number: - -