



LIMPOPO

PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF TRANSPORT AND COMMUNITY SAFETY

Application for Payment of Motor Vehicle Licence Arrears and Penalties

Motor Vehicle owners, encompassing both individuals and companies, are eligible to apply for relief if they have outstanding arrears and associated penalties (MVL debt), with a minimum threshold of R5,000.00 and R10,000.00, respectively.

Please email all required documents :mvldebt@dtcs.limpopo.gov.za

Application Checklist					
Acceptable ID of owner (Including Proxy if owner is an organisation)					
Latest R114 statement of account					
Proof of Residence not older than 3 months					
Was the vehicle/s licensed in Limpopo Province for period ≥3 years?			Yes	No	
PARTICULARS OF OWNER					
Type of ID	TRN	RSA ID	BRN		
Identification Number					
Surname / Name of organisation					
Initials & First Names					
E-Mail Address					
Contact Number					
Organisation's proxy					
Type of ID	TRN	RSA ID			
Identification Number					
Surname / Name of organisation					
Initials & First Names					
PARTICULARS OF VEHICLE/S					
	Licence Number	Register Number		Licence Number	Register Number
1			6		
2			7		
3			8		
4			9		
5			10		

PARTICULARS OF DEBT	
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Total Arrears	R	
Total Penalties	R	
Total Debt	R	

CHOOSE PAYMENT OPTION	
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Once of Payment (Arrears +Licencing fees)	
Monthly payment (Penalties+Arrears+Interest+Licencing Fees)	

Reasons for defaulting on Licences

DECLARATION	
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I the

Owner	Organisation's proxy
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- a. Declare that all the particulars furnished by me in this form are true and correct; and
- b. Realise that a false declaration is punishable with a fine or imprisonment or both.

Signature _____

Signed at _____ Place _____ on this _____ Day _____ of _____ Month 20_____

The applicant having acknowledged that he/she knows and understands the contents of this application and confirms them to be true and correct and that he/she has no objection to taking the prescribed auth which he/she finds binding on his/her conscience

COMMISSIONER OF OATHS

FULL NAMES _____

CAPACITY : _____

ADDRESS : _____

AREA : _____

OFFICIAL STAMP
