REPRESENTATION FORM

DESCRIPTION

A representation is a query or dispute submitted by a vehicle owner or Road User to the Agency claiming that he/she does not believe that they are responsible for specific toll charge(s) and any associated fees for all or a portion of the passages as included in the Tax Invoice as issued to the vehicle owner. This will be used when the vehicle was not present on the e- road or the vehicle did not belong to or was not being used by the road user (sold or stolen) for the specific transaction(s) period. The application will be reviewed and the outcome will be communicated to the applicant.

INSTRUCTION FOR COMPLETION OF THE FORM

a. This form must be completed in black ink and posted by registered mail to the following address: Private Bag X164, Centurion, 0046 or can be personally submitted at any e-toll customer service centre.
b. The completed form must be submitted to and signed before a Commissioner of Oaths on presentation of the original VPC e-toll Tax Invoice if applicable.
c. A copy of the completed and signed form and supporting documents must be kept for your own records.
d. 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 or resubmitting it at an e-toll customer service centre.
e. Individuals need not complete the first two lines of Part B and should provide all available contact information where required in Parts B and D. Organisations must provide the details of the registration number of the organisation (e.g. CC, company or trust registration number) and the details of a representative (Surname, First names, ID number, Cell, e-mail, etc.) who must sign the form on its behalf. All other fields on the form are compulsory unless a condition is specified for a specific field.
f. If you were not the driver or user of the vehicle please complete the application to nominate the correct driver or user
g. Notification of both successful and failed applications will be sent to the applicant via SMS if a Cell number was provided under Section B.

PART A - APPLICATION

a. I, the particulars of whom are provided under Part B below, hereby apply for this Representation to be considered in terms of e-toll Transactions that were charged against my e-toll account, particulars of which are provided under Part C below.
b. The particulars in support of this application are given under Part D below and substantiating documents that serve as proof are attached.

PART B – VEHICLE OWNER AND MOTOR VEHICLE PARTICULARS

Name of organisation:
Vehicle Licence Number:
Type of organisation: Company: CC: Partnership: Other:
VPC e-toll account number if applicable:
E-mail address:
Surname:
First names:
Initials:
Gender: Female Male
Date of birth: (YYYY/MM/DD) / /
ID type: RSA Passport Foreign ID Driving licence
ID Number:
Country of issue:
Street address:
Code:
Postal address:
Code:
Code:
Tel (home): ( )
Tel (work): ( )
Fax: ( )
Cell:
Employer name:
Employer address

MOTOR VEHICLE PARTICULARS

Vehicle licence:
Vehicle disc no:
Operator card no:
Vehicle description (type):
Vehicle GVM: kg Year
Make:
Series (Model):
Colour:

PART C – PARTICULARS OF TOLL PASSAGE(S) OR INVOICE

VPC Invoice Number if applicable:
Passage transaction number(s) (for individual transaction numbers):

Dates of passages (YYYY/MM/DD) (for period)
From: / / Time: To: / / Time:

PART D – PARTICULARS OF REPRESENTATION (use and attach a separate sheet if the space is inadequate)

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PART E – AFFIRMATION OR OATH BY THE VEHICLE OWNER

a. * I solemnly affirm the content of this declaration as the truth, the whole truth and nothing but the truth. □
b. * I know and understand the content of this declaration and do not have any objection in taking the prescribed oath and consider the prescribed oath to be binding on my conscience. □
c. I further declare that I understand that this Representation may be rejected, upon which I will be liable to pay all outstanding amounts that may be applicable.

* □ Whichever is applicable
Signature of Owner:

Place:
Date (YYYY/MM/DD): / /

PART F – CERTIFICATE OF COMMISSIONER OF OATHS

As a Commissioner of Oaths, I hereby certify that the person signing this form:
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:		ID Number:	
First names:		Tel (work):	( )
Designation:		Cell:	
Business address:		Office held:	
	Code:		

PART H – STAMP OF THE COMMISSIONER OF OATHS