

APPLICATION FOR REBATE OF CUSTOMS DUTY IN TERMS OF REBATE ITEM 460.17/87.03/02.04 ON IMPORTED MOTOR VEHICLES ADAPTED OR TO BE ADAPTED TO BE DRIVEN SOLELY BY A PERSON WITH A PHYSICAL DISABILITY

APPLICANT'S FULL NAME _____

IDENTITY NO _____ **DATE OF BIRTH** _____

NATURE OF PHYSICAL DISABILITY _____

MAKE AND TYPE OF VEHICLE FOR WHICH APPLICATION IS MADE _____

COUNTRY OF ORIGIN OF VEHICLE _____

(KINDLY ATTACH MOTOR MANUFACTURER'S BROCHURE OF SPECIFICATIONS OF PROPOSED PURCHASE)

PURCHASE PRICE OF PROPOSED VEHICLE IN CURRENCY OF COUNTRY OF ORIGIN

FULL DETAILS OF THE ADAPTATIONS REQUIRED TO SUIT THE APPLICANT'S

REQUIREMENTS (please specify) _____

NAME AND ADDRESS OF COMPANY WHICH WILL BE RESPONSIBLE FOR

ADAPTATION (include quote from company) _____

HAS A REBATE PERMIT PREVIOUSLY BEEN ISSUED FOR AN ADAPTED VEHICLE? IF ISSUED, INDICATE REBATE PERMIT NUMBER AND INDICATE WHETHER A COPY OF BILL OF ENTRY FOR IMPORT AND A COPY OF THE REGISTRATION DOCUMENTS WERE SUBMITTED TO THE ITAC

If my application is approved, I will adhere to the conditions contained in the above mentioned rebate item. Furthermore, I solemnly give the assurance that the motor vehicle will not be offered, advertised, lent, hired, leased, pledged, given away, exchanged, sold or otherwise disposed of without the prior consent of the ITAC within a period of 5 years from the date of entry.

It is understood that, should one of the foregoing acts involving such vehicle occur within a period of 5 years from the date of entry under rebate of customs and/or excise duty, it shall be allowed only once per person during a period of 5 years or a shorter period as the ITAC may in exceptional circumstances decide.

RESIDENTIAL, WORK AND POSTAL ADDRESSES: _____

TELEPHONE NUMBER: (W) _____

(H) _____ **(C)** _____

SIGNATURE: _____ **DATE:** _____

IMPORTANT NOTES:

1. The following must be forwarded to: **The National Director, The National Council for Persons with Physical Disabilities in South Africa, P O Box 426, Melville, JOHANNESBURG 2109**, in support of this application.

If an applicant is to drive the vehicle:-

- a) A copy of the applicant's learners or driver's license – in all applications.
 - b) A copy of the first page of the applicant's identity document reflecting a clear photograph of applicant in all applications.
 - c) Applicant's written motivation in support of the application, which must indicate:
 - That the adapted or to be adapted vehicle is to be driven solely by a person with a physical disability.
 - What specific features the vehicle has to accommodate the needs of a person with a physical disability.
 - Which locally manufactured vehicles were considered and a detailed explanation why such vehicles were found to be unsuitable.
 - d) A copy of the SABS Homologation Certificate for the vehicle to be imported.
 - If imported vehicles are purchased from a dealer in the RSA, the dealer must quote the homologation reference number for registration purposes.
 - If the vehicle is imported directly by the person with a physical disability, a Letter of Authority must be obtained from the SABS.
2. Please note that all applicants will be required to appear personally before a panel of adjudicators who will assess each application. Panels will be available at major centers and you will be advised of the date, time and venue by the nearest regional office of the Association for Persons with Physically Disabilities.
 3. It is important that the import permit be obtained before the order for a vehicle is placed.

FOR NCPPDSA USE ONLY

It is hereby certified, on behalf of **THE NATIONAL COUNCIL FOR PERSONS WITH PHYSICAL DISABILITIES IN SOUTH AFRICA**, that the under-mentioned applicant:

Is a person with a physical disability to such an extent that he/she requires a vehicle adapted or to be adapted to be driven solely by himself / herself and is hereby eligible for the rebate of customs duty in terms of rebate item 460.17/87.03/02.04 and accordingly recommend the application.

THERINA WENTZEL
NATIONAL DIRECTOR

DATE

Tel: (011) 726 8040
Fax: (011) 726 5705
Nationaloffice@ncppdsa.org.za