



WWW.MANUEL.CO.ZA
MVA@MANUEL.CO.ZA
079 601 8941

PERMISSION LETTER

TITLEHOLDER/OWNER: _____

ID Number: _____

Address: _____

Tel : _____

Business: MVA

Authorized Personal: Ashley Manuel

ID Number: 8001035064088

ID Number: _____

Vehicle Make: _____

Vehicle Registration: _____

HEREBY I GIVE PERMISSION TO THE ABOVE MENTIONED PERSON TO FULFIL MY APPLICATION ON MY BEHALF AND SIGN THE FOLLOWING FORMS FOR THE NECESSARY TRANSACTION TO BE DONE IN :

This includes the following:

- ☐ REGISTRATION & LICENCE
- ☐ REGISTRATION
- ☐ LICENCE
- ☐ RPC
- ☐ NUMBER ALLOCATION
- ☐ NUMBER SWOP
- ☐ NCP
- ☐ Requesting of R114 Print out
- ☐ Reprinting of License Disk
- ☐ ANR Application
- ☐ ABR Application
- ☐ De-Registration
- ☐ NCO
- ☐ OTHER _____

SIGNATURE OF CLIENT: _____

Date: _____