PERMISSION TO ACCESS DEMERIT POINTS HISTORY - AARTO 27

INSTRUCTIONS FOR COMPLETING THE FORM

a. In terms of section 33 of Act 46 of 1998, only a person in his own capacity or the employer of a person can access his/her Demerit Point history after permission has been obtained.
b. This form must be completed and handed in at any Issuing Authority or driving license testing centre.
c. This form must be used to request your personal Demerit Point history **or** to grant permission to an authorised applicant to gain access to Demerit Point information of the person whose particulars are provided in part A.
d. Individuals may choose to grant permission to an authorised applicant as a once-off consent or for a longer period of time. In the latter case, the driver is added to the authorised applicant's driver database.
e. Individuals need not complete the first two lines of Part A, or Part C.
f. 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 - PARTICULARS OF OPERATOR/PERSON

Name of organisation | Registration number

Type of organisation: Select One

Email		Street address	
Surname		Suburb	
First name		City / Town	
Initials		Postal address	
Gender	☐ Female ☐ Male		Code
Date of birth		Tel (home)	
ID type	Select One	Tel (work)	
ID number		Fax	
Country of issue		Cell	
Licence code	Select One	Employer name	
Learners code	Select One	Employer address	
PrDP code	☐ Goods ☐ Passengers ☐ Dangerous	Suburb	
PrDP card no		City / Town	

PART B - DECLARATION

I, the person whose particulars appear above, hereby grant permission freely and voluntarily without being influenced unduly thereto, for the particulars in respect of Demerit Points and road traffic offences already recorded against me on the National Contravention Register to be supplied to me or to the authorised applicant, the particulars of which appear below, for the period selected below.
Issued without alterations or erasures.

Period ☐ Once-off ☐ 6 Months ☐ 12 Months

Signature | Date

PART C - PARTICULARS OF AUTHORISED APPLICANT

Name of organisation | Registration number

Type of organisation: Select One

Email		Tel (work)	
Initials & Surname		Fax	
ID type	Select One	Cell	
ID number		Date of birth	

NOTE: Acceptable identification of the authorised applicant and a representative as shown above must be submitted.

PART D - OFFICE USE

Fees Paid		ID of person/organisation verified	
Officer name		ID of authorised applicant verified	
Infrastructure no		Signature	
Date			