

**SOUTHERN AFRICAN VETERAN and VINTAGE ASSOCIATION
VETERAAN MOTORVERENIGING vir SUIDER AFRIKA**

**APPLICATION FOR CLEARANCE CERTIFICATE
Vehicle Show or Special Event**

NAME OF CLUB: _____

NAME OF CLUB
MAKING APPLICATION: _____

NAME OF EVENT: _____

EVENTS SECRETARY: _____

POSTAL ADDRESS: _____ CODE: _____

TELEPHONE: (Cell) _____ (H) _____ FAX: _____

I hereby apply for a Clearance Certificate to hold the following vehicle show:

DATE OF THE EVENT: _____

BRIEF DESCRIPTION OF THE SHOW OR SPECIAL EVENT (please include physical address) :

RESPONSIBLE PERSON/S: _____

E-mail: _____ FAX: _____

TELEPHONE: (Cell) _____ (H) _____

FEE FOR CLEARANCE CERTIFICATE: = R 500.00

TOTAL AMOUNT REMITTED: R _____

ALL PAYMENTS MUST BE MADE ELECTRONICALLY TO THE FOLLOWING:

STANDARD BANK – NORTHCLIFF

ACCOUNT NO: 674060822 BRANCH CODE: 006-305

COPY OF THE DEPOSIT TO BE E-MAIL TO: motorsport@savva.org.za

SIGNATURE OF RESPONSIBLE PERSON: _____ DATE: _____

N.B.

THIS APPLICATION CAN BE SUBMITTED VIA E-MAIL AND SHOULD REACH THE MOTORSPORT PORTFOLIO HOLDER AT LEAST 4 WEEKS PRIOR TO THE CLOSING DATE OF ENTRIES TO THE PARTICULAR ACTIVITY, EVENT OR FUN RUN, TOGETHER WITH THE RECEIPT OF PAYMENT.