

**APPLICATION FOR REBATE OF AD VALOREM EXCISE DUTY IN TERMS OF REBATE ITEM 610.14/126.00/01.03 ON LOCALLY MANUFACTURED MOTOR VEHICLES ADAPTED OR TO BE ADAPTED TO BE USED FOR THE TRANSPORT OF:- A PERSON WITH A PHYSICAL DISABILITY / PERSONS WITH PHYSICAL DISABILITIES**

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**NAME OF APPLICANT:** \_\_\_\_\_

**STREET & POSTAL ADDRESS:** \_\_\_\_\_

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**TEL: (W)** \_\_\_\_\_ **(H)** \_\_\_\_\_ **(FAX)** \_\_\_\_\_

**CELL:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**PURPOSE FOR WHICH SPECIALLY ADAPTED TRANSPORT IS REQUIRED:**

A full motivation is required, e.g. number of disabled passengers carried per vehicle per day; no alternative means of door to door transport for such passengers? Only severely disabled passengers carried on essential journeys to and from employment, workshop, schools, therapy, important domestic reasons, and recreation.

(Written motivation to be done separately and attached hereto)

**MAKE AND TYPE OF VEHICLE FOR WHICH APPLICATION IS MADE** \_\_\_\_\_

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**NAME OF THE MANUFACTURER OF VEHICLE IN SOUTH AFRICA** \_\_\_\_\_

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

**HOW MANY UNITS OF PROPOSED VEHICLE/S APPLIED FOR**

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**PURCHASE PRICE OF PROPOSED VEHICLE IN RAND**

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**IS/ARE PROPOSED VEHICLE/S TO RECEIVE ANY ADAPTATIONS IN S.A.** \_\_\_\_\_

**IF YES, WHAT ARE THESE ADAPTATIONS (please specify)** \_\_\_\_\_

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**WHO WILL SUPPLY AND FIT THEM? (Include quote from company)** \_\_\_\_\_

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**DESCRIBE PREVIOUS VEHICLE OWNED (IF ANY) FOR THE TRANSPORT OF PERSONS WITH DISABILITIES**

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**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 SARS**

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**WILL ANY SUCH VEHICLE/S BE USED FOR ANY OTHER PURPOSE THAN FOR THE TRANSPORT OF PERSONS WITH DISABILITIES?** \_\_\_\_\_

**IF YES, FOR WHAT PURPOSE AND HOW FREQUENTLY?** \_\_\_\_\_

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**NOMINATED DRIVER (S) AND IDENTITY NUMBER (S)**  
**(Please complete applicable declaration form regarding nominated driver/s)**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**IMPORTANT NOTES**

1. If this application is approved, an undertaking will be required to the effect 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 under this rebate item.
2. Any of the foregoing acts involving such vehicle within a period of 5 years from the date of entry in terms of this rebate item shall render such vehicle/s liable to payment of duty in accordance with the regulations.
3. 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.**
  - a) Applicant's written motivation in support of the application that must state that the proposed vehicle/s will be used for the transport of persons with disabilities.
  - b) A copy of the SABS Homologation Certificate for the vehicle.
    - If vehicle is purchased from a dealer in the RSA, the dealer must quote the homologation reference number for registration purposes.
  - c) A letter indicating the name/s and identity number/s of the nominated driver/s of the vehicle and certifying that the nominated driver/s are either an employee or a member of the organisation, importing the vehicle. (Include copies of identity documents and drivers licenses for all nominated drivers).

In the case of an individual purchasing the vehicle the driver/s must be nominated in a letter.
4. Applicants are advised that it may be necessary for their representative to appear personally before a panel of adjudicators who will assess each application. Panels will be available at major centers and, where applicable, you will be advised of the date, time and venue by the nearest regional office of the Association for the Persons with Physical Disabilities.
5. **NO VEHICLE MAY BE ORDERED BEFORE THE IMPORT PERMIT HAS BEEN OBTAINED FROM ITAC - IF NOT, NO REBATE WILL BE GRANTED**

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**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:

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Is a person with a physical disability to such an extent that he/she requires a vehicle/s which is/are adapted or to be adapted and to be used for the transport of this /these person/s and is hereby eligible for the rebate of customs duty in terms of rebate item 610.14/126.00/01.03 and accordingly recommend the application.

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**JOHAN VILJOEN**  
**NATIONAL DIRECTOR**

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**DATE**

**Tel: (011) 726 8040**  
**Fax: (011) 726 5705**  
**[nationaloffice@ncppdsa.org.za](mailto:nationaloffice@ncppdsa.org.za)**