

VEHICLE DISPOSAL FORM

*Please forward your completed form to rt46@absa.co.za or fax 086 584 8882. Should you require any assistance, kindly contact 0861 227 232.

CUSTOMER DETAILS		AUTHORISED OFFICIAL	
Customer name:		Name:	
Client Code:		ID Number:	
FMS account number:		Fax Number:	
Cost/billing Centre:		Cellular number:	
Address:		Telephone number:	
		Email:	

VEHICLE REGISTRATION NUMBER	REASON FOR DISPOSAL	IS THE OLD CARD DESTROYED?				HAS EFUEL BEEN DE- INSTALLED?			
		Tick Appropriate Box				Tick Appropriate Box			
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Signature:	Date:
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