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Ground Floor, Unit 305, Sunninghill, 2157

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Office: +27 (087) 135 0381 Fax: +27 (086) 551 5669

VEHICLE INSPECTION CERTIFICATE

Date of Inspection:	Polic	y Number	
Name of Inspector:		,	
PERSONAL DETAILS			
Title and Initials:	Surn		
ID Number:		Number:	
Work Number	Resid	lential Address:	
		Code:	
VEHICLE DETAILS			
Make:	Mod	el:	
		Registration Number:	
		ne Number:	
Number of Seats:			
DETAILS OF RADIO			
Make and Model: Value			
DETAILS OF EXTRAS			
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