

Fleet Services

APPLICATION FOR USE OF AN NWU FLEET VEHICLE

(“Practice Social Distancing” - It is of the utmost importance to enter the names of the passengers on page two, please.)

NAME OF DRIVER				Staff		Student	
STAFF/STUDENT NUMBER							
CO-DRIVER (If applicable)							
CONTACT NR							
LICENCE NR (e.g. 40600000391N8)				Valid until			
TYPE OF VEHICLE (Sedan, Hatch, Combi, LDV)							
SPECIAL REQUEST (trailer, automatic vehicle)							
NWU VEHICLE REG (If available)							
DESTINATION							
DEPARTURE	DATE		TIME				
RETURN	DATE		TIME				
PURPOSE OF TRIP							
NUMBER OF OFFICIALS/PASSENGERS							
SERVICE BILLING TO BE CREATED BY:							
SIGNATURE OF DRIVER				DATE			
APPROVED BY MANAGER / DIRECTOR							
FLEET VEHICLES APPROVAL	APPROVED		NOT APPROVED				

PASSENGERS
NWU Staff / Students only

	Name and Surname	Staff number	Student number
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