

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

**APPLICATION FOR CLEARANCE CERTIFICATE
VEHICLE SHOW / SPECIAL EVENT**

NAME OF CLUB
MAKING APPLICATION: _____

EVENTS SECRETARY: _____

POSTAL ADDRESS: _____ CODE: _____

TELEPHONE: (Cell) _____ (H) _____ EMAIL : _____

Date:		PLEASE SELECT BASED ON ATTENDANCE		
Time:		Class A	EXCESS OF 6001	R2000.00
Venue:		Class B	1501 TO 6000	R1000.00
Duration:		Class C	UP TO 1000	R650.00
Brief description of event				

RESPONSIBLE PERSON/S: _____

E-mail: _____ Cell: _____

(H) _____

SIGNATURE OF RESPONSIBLE PERSON: _____ DATE: _____

N.B.
THIS APPLICATION CAN BE SUBMITTED VIA E-MAIL AND SHOULD REACH THE MOTORSPORT PORTFOLIO HOLDER AT LEAST 6 WEEKS PRIOR TO THE CLOSING DATE OF ENTRIES TO THE PARTICULAR ACTIVITY, EVENT OR FUN RUN, TOGETHER WITH THE RECEIPT OF PAYMENT.

Motorsport :Email: motorsport@savva.co.za and treasurer@savva.co.za

SAVVA Banking Details: Account Holder SAVVA

Standard Bank	
Branch Code	006 – 305 Northcliff
Account Number	674 060 822
Reference	Club Name