

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

APPLICATION FOR CLEARANCE CERTIFICATE

Annual Club Events.

FEE FOR CLEARANCE CERTIFICATE: R 300.00

NAME OF CLUB

MAKING APPLICATION: _____

EVENTS SECRETARY: _____

POSTAL ADDRESS: _____ **CODE:** _____

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

I hereby apply for a Clearance Certificate to hold the following annual activities and events:

BRIEF DESCRIPTION OF THE ANNUAL ACTIVITIES: JANUARY – DECEMBER

RESPONSIBLE PERSON/S: _____

E-mail: _____ **FAX:** _____

TELEPHONE: (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