SAVVA
SOUTHERN AFRICAN VETERAN & VINTAGE ASSOCIATION

Annexure A.3

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:**	**R3000.00**
Venue:		**Class B:**	**1501 TO 6000:**	**R1750.00**
Duration:		**Class C:**	**UP TO 1000:**	**R750.00**
Brief description of event:				

RESPONSIBLE PERSON/S:

_____

E-mail: _____ **Cell:** _____
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	674060822
Reference	Club Name

22 August 2026