

MOTIVATION LETTER

Name & Surname:

Vehicle Description:

Background Information:

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What features does the vehicle have to accommodate your needs as a person with a physical disability? (e.g. – door open 90°, spacious etc)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Which locally manufactured vehicles were considered? And why were they not suitable

1.
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2.
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3.
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Please give a full description of the adaptation that will be done to the vehicle

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