



**APPLICATION FORM: DISABLED DISC**

- R90.00 APPLICATION FEE
- X2 ID PHOTO'S OF APPLICANT
- ID BOOK / BIRTH CERTIFICATE / FOREIGN ID DOCUMENT

**PARTICULARS OF APPLICANT** **A**

Identification number

Nationality

Surname

Initials and first names

Street address

Postal code

Telephone number during day

**PARTICULARS OF MEDICAL PRACTITIONER** **B**

Identification number

Nationality

Surname

Initials and first names

Street address

(if different)

Postal code

Telephone number during day

Health Professions council of SA registration number

**Please answer the following questions regarding your patient:**

Is the patients mobility severely impaired?  YES OR  NO If Yes, please explain the condition: \_\_\_\_\_

Do you recommend a: Temporary Disabled disc  or Permanent Disabled disc

Does the patient use any other mobility aids? YES or NO If Yes, please name: \_\_\_\_\_

Is the patient able to transfer in and out of the car independently? If Yes, please state why the patient requires a parking exemption if he/she can navigate his/her own way: \_\_\_\_\_

**DECLARATION:** **Official stamp:**

I, declare that all the particulars furnished by me on this form are true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_