Taxi Recapitalisation South Africa

# SPECIAL POWER OF ATTORNEY

I, _____

FULL NAMES AND SURNAME

With identity number | | | | | | | | | | | | | |

SIGNATURE

Do hereby nominate, constitute and appoint :

My Agent _____

FULL NAMES AND SURNAME

With identity number/
Business Registration number | | | | | | | | | | | | | | | | | | | | | | | |

With power of substitution, to be my lawful agent in my name, place and stead and on my behalf to exercise all my rights and fuffil any obligations as owner of the taxi vehicle with :

Vehicle registration number | | | | | | | | | | | | | | | | | | | | | | | |

VIN (Vehicle Identification Number) | | | | | | | | | | | | | | | | | | | | | | | |

To the Taxi Recapitalisation SA for application, physical vehicle inspection, vehicle de-registration and physical scrapping;

- Generally for effecting the purposes aforesaid, to do or cause to be done whatever shall be requisite, fully and effectually for all intents and purposes, as I might or could do if personally present and acting therein, hereby ratifying, allowing, confirming, promising and undertaking to ratify, allow and confirm all and whatever my agent lawfully does, or causes to be done, by virtue of these presents;
- This document must be certified by a Commissioner of Oaths or at any South African Police station.

Signed at _____ on the _____ day of _____20 | Y | Y |

AGENT SIGNATURE

| Witness 1 | Witness 2 |
|---|---|

Certified by a South African Police
Commissioner of Oath