



**REPRESENTATION REGARDING AN ALLEDGED TRAFFIC OFFENCE**

To: The Committee: Campus Vehicle Control  
UFS  
BLOEMFONTEIN

I, (full names and surname printed).....

Title: Prof./Dr./Mr./Ms..... Studentnumber 

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(if applicable)

Staff number 

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(if applicable)

Address (printed):.....

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Email address: .....

Vehicle registration number: ..... Traffic fine ticket number:.....

hereby declare that: .....

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I declare that the above-mentioned information is correct

**(YOUR TRAFFIC FINE TICKET HAS TO ACCOMPANY THIS APPLICATION FORM)**

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**SIGNATURE**

.....

**DATE**

**FINDING BY THE COMMITTEE: CAMPUS VEHICLE CONTROL**

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**CHAIRMAN TRAFFIC COMMITTEE:  
CAMPUS TRAFFIC CONTROL**

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**DATE**