



Vehicle Use Request Request Form

Vehicle Information Form:

Employee Information

Full Name: _____

Employee ID: _____

Department: _____

Position: _____

Driver's License Information

License Number _____

Issuing State/Country _____

Expiration Date: _____

Vehicle Information

Make: _____

Model: _____

Year: _____

Color: _____

License Plate Number: _____

VIN (Vehicle Identification Number): _____

Insurance Information

Insurance Provider: _____

Policy Number: _____



Sevenza Incorporated South Africa P/L

5 Platinum close, Corporate Park South,
Randjiespark, Midrand South Africa.
www.sevenzainc.com. Info@sevenzainc.com

Coverage Amount: _____

Expiration Date: _____

Mileage Information

Start Mileage (at commencement of duties): _____

Additional Information (*known issues*)

Emergency Contact: _____

Phone Number: _____

Employee Acknowledgment: I acknowledge that the above information is accurate and that I have read and understood the Vehicle Use Policy for Employees. I agree to comply with all guidelines and requirements outlined in this policy.

Signature: _____

Date: _____

For HR Department Use Only

Approval By: _____

Date: _____

Verification Completed By:

Date of Verification:



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Instructions for Employees:

1. Complete the above form with your personal, vehicle, and insurance information.
2. Sign and date the acknowledgment section.
3. Submit the completed form to the Human Resources department.

Note: You can not authorise yourself