

ACCOUNT DETAILS											
Existing Account	Yes	No	Username				Branch				
<b>Corporate Account</b>	Company Name						Representative				
<b>Individual Account</b>	Full Name										
Sales Person											
1) Vehicle Details											
Vehicle Reg. Number								Engine Number			
Make / Model								VIN Number			
Year of Manufacture								Colour			
Product Selection											
Unit Type											
Rental Option		Monthly Rental Subscription				R					
Cash Option		Cash Purchase Price				R		Monthly Subscription		R	
Emergency Contact											
Emergency contact name						Emergency Contact number				Relationship to Client	
Emergency contact name						Emergency Contact number				Relationship to Client	
<b>Recovery Warranty Applicable</b>		Yes		No		If Yes, complete the selection below to activate Recovery Warranty Provision					
Insurance broker/ Insurer											
Vehicle financed		Yes		No		Name of financial institution					
2) Vehicle Details											
Vehicle Reg. Number								Engine Number			
Make / Model								VIN Number			
Year of Manufacture								Colour			
Product Selection											
Unit Type											
Rental Option		Monthly Rental Subscription				R					
Cash Option		Cash Purchase Price				R		Monthly Subscription		R	
Emergency Contact											
Emergency contact name						Emergency Contact number				Relationship to Client	
Emergency contact name						Emergency Contact number				Relationship to Client	
<b>Recovery Warranty Applicable</b>		Yes		No		If Yes, complete the selection below to activate Recovery Warranty Provision					
Insurance broker/ Insurer											
Vehicle financed		Yes		No		Name of financial institution					
3) Vehicle Details											
Vehicle Reg. Number								Engine Number			
Make / Model								VIN Number			
Year of Manufacture								Colour			
Product Selection											
Unit Type											
Rental Option		Monthly Rental Subscription				R					
Cash Option		Cash Purchase Price				R		Monthly Subscription		R	
Emergency Contact											
Emergency contact name						Emergency Contact number				Relationship to Client	
Emergency contact name						Emergency Contact number				Relationship to Client	
<b>Recovery Warranty Applicable</b>		Yes		No		If Yes, complete the selection below to activate Recovery Warranty Provision					
Insurance broker/ Insurer											
Vehicle financed		Yes		No		Name of financial institution					

\*By signing this Add Vehicle Form you accept that you have read, understood and agreed to be bound by the contents, including the contents of the Subscriber Application Form and the Terms and Conditions signed by you previously.

Name \_\_\_\_\_ Surname \_\_\_\_\_

Authorised Signature \_\_\_\_\_ Designation \_\_\_\_\_

Date \_\_\_\_\_

**Cartrack Representative Confirmation**

I have verified and confirm that all the information is complete and correct

Print Name \_\_\_\_\_

Signature \_\_\_\_\_