



Change of Ownership

COMPANY DETAILS - CURRENT OWNER

Company Name _____

Registration Number _____

Company Contact Number _____

Company Email Address _____

Tracker Account Number _____

Registered Company Address _____

Code _____

COMPANY DETAILS - NEW OWNER

Company Name _____

Entity Type

Company

CC

Partnership

Sole Proprietorship

Trust

Other

Registration Number _____

Company Contact Number _____

Company Email Address _____

Registered Company Address _____

Code _____

VEHICLE 1 DETAILS

Fleet Number/ Vehicle Alias _____

Vehicle Registration _____

*Chassis/VIN Number _____

Engine Number _____

Vehicle Make & Model _____

Year _____ Colour _____

Unit Type _____ Contract Type _____

Monthly Subscriptions Fee _____

VEHICLE 2 DETAILS

Fleet Number/ Vehicle Alias _____

Vehicle Registration _____

*Chassis/VIN Number _____

Engine Number _____

Vehicle Make & Model _____

Year _____ Colour _____

Unit Type _____ Contract Type _____

Monthly Subscriptions Fee _____

DECLARATION ON BEHALF OF CURRENT OWNER

I, the undersigned, hereby declare that I am duly authorised to transfer the Tracker/s contracts relating to the below vehicle/s to the new owner thereof, for and on behalf of the current owner.

Authorised Signatory _____

Authorised Signatory Full Name _____

DECLARATION BY THE AUTHORISED SIGNATORY

This application is subject to Tracker's Master Terms and Conditions for the provision of tracking units and related products and services. By submitting this application I, the duly authorised signatory confirm that I have received, read, understood and agree to be bound by Tracker's Terms and Conditions as were applicable to the previous owner of the vehicle.

*The Tracker Master Terms and Conditions can be viewed at www.tracker.co.za

Authorised Signatory _____

Authorised Signatory Full Name _____

*Where the company is not an existing Tracker Connect customer this form must be accompanied by Tracker Business Application Form.

Emergency Contact/s for New Vehicle



1. Name _____

Contact Person number/s _____

ID Number _____

2. Name _____

Contact Person number/s _____

ID Number _____

3. Name _____

Contact Person number/s _____

ID Number _____

Signed at _____

on the _____ day of _____ 20 _____

Full name of Authorised Signatory

Authorised Signatory

Witness Signature

Full Name of Witness
