



DOXA is accredited with "The South African Institute of Driving Instructors".

Email: <u>info@doxadriving.co.za</u> Cell: 062 151 1216

LEARNERS LICENSE REGISTRATION

COMPUTER TEST KIMBERLEY

	Code 1	Code 2	Code 3	
	(Please indicate w	Light motorvehicle which code you are re	Heavy motovehicle gistering for)	
Name & Surname:				
Date of birth://				
Whatsapp/ Cell of app	licant:			
Home Address:				
Amount paid:				
You will need:	om the boxa office for	or bookings and testing	062 1511 216	Driving Tuition
Eye Test (Not older than 3 Months) 2 ID Photos ID Copy ID Card			BANKING DETAILS Doxa Driving First National Bank Cheque Account No: 63171146723 Branch Code: 250655 REF: Name and Surname of STUDENT	
cara			40 Synagogue Avenue, Memorial Road Area	www.doxadriving.co.za info@doxadriving.co.za
We will make arrangemer We will also give you your	•		-	
Our address: 40 Synagogo	ue Avenue, Memoria	al Road Area, Kimberl	ley - 062 1511 216	
SIGNED:			DATE:	