



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

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LEARNERS LICENSE REGISTRATION

HANDWRITTEN TEST – OUTSIDE KIMBERLEY

	ode 1	Code 2	Code 3	
Motorcycle Light motorvehicle Heavy motovehicle (Please indicate which code you are registering for)				
Name & Surname:				
Date of birth://				
Whatsapp/ Cell of applican	t:			
Home Address:				
Amount paid:				
*We will always depart from th	ne Doxa office for l	bookings and testing.	No one will be collected or dropped	d off!
You will need:			DONA Driving Tuition BANKING DETAILS	
Eye Test (Not older than 3 ID Photos	•		Doxa Driving First National Bank Cheque Account No: 63171146723 Branch Code: 250655	
Proof of address (Your own ID Copy ID Card	n address)		AVERIE ACT AND A STUDENT 40 Synagogue Avenue, Memorial Road Area www.doxadriving.co.za info@doxadriving.co.za	
We will make arrangements will We will also give you your study Please Note: We are dependent do understand that no person	y Material after v nt off the DLTC in	ve have received you n Christiana. We can	r payment. not go there whenever we like.	Please
Our address: 40 Synagogue Avenue,	Memorial Road Area	, Kimberley		
SIGNED:	DATE: _			