



KWAZULU-NATAL PROVINCE

TRANSPORT
REPUBLIC OF SOUTH AFRICA



MR SE HLOMUKA
MEC FOR TRANSPORT,
COMMUNITY SAFETY AND LIAISON



THUTHUKA SKILLS DEVELOPMENT

PROGRAMME

PROGRAMME DETAILS DRIVER'S LICENSE (THUTHUKA SDP)

PROVINCE KWAZULU NATAL

PERSONAL DETAILS

Surname	
First Names	
I.D Number	
District Municipality	
Local Municipality	
Ward Number	
Address (attach proof of residence: Stamped Letters from the Cllr & TC are admissible)	
Own Contact Number:	
Other Contact Number:	
Date of Birth: dd/mm/year	

Race:					
Home Language:					
Other Languages:					
Gender:	Female		Male		
Do you have a disability?	Yes		No		
If yes, please describe briefly & attach proof					
Are you a SA citizen?	Yes		No		
If not, what is your nationality					
Do you have a criminal record/s?	Yes		No		
If yes, please provide details					
Choose a Driver's licence Category that You are Applying for.	B	EB	C	C1	EC
EDUCATIONAL DETAILS					
Highest Grade Passed					
POST - MATRIC QUALIFICATIONS (Optional)					
Institution / Provider	Qualifications		Year Obtained		

Please explain why you wish to apply for this project		
I hereby confirm that the above information is true and correct.		
Signature of Applicant:		
Date of application:		
Please attach a copy of your Identity document (ID), Certificates (if available) and Proof of Residence.		