**APPLICATION FORM If you ARE VERY SERIOUS to Join The Pink Buddies / Pink Bus PLEASE COMPLETE (TYPE) ALL INFO BELOW**

**Then forward by WhatsApp to 0842452222 or Email info@pinkbus.co.za**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Drivers Info** | | | | | | | |
| Name | | |  | | | | |
| Surname | | |  | | | | |
| Cell Number? | | |  | | | | |
| ID Number | | |  | | | | |
| Marital Status? | | |  | | | | |
| Wife’s Name and **Cell Number** | | |  | | | | |
| Residential Address | | |  | | | | |
| City/Town | | |  | | | | |
| Email Address | | |  | | | | |
| **Vehicle Details**: Year | | |  | | | | |
| Make of Car e.g. VW | | |  | | | | |
| Bus/Car/Utility/Sport/ SUV/Bakkie/Mini-Bus | | |  | | | | |
| Name eg. Golf | | |  | | | | |
| Registration Number | | |  | | | | |
| CC e.g. 1500 or 2 Litre | | |  | | | | |
| Colour | | |  | | | | |
| ODO Meter (Km on Clock?) | | |  | | | | |
| Petrol or Diesel? | | |  | | | | |
| **Vehicle Accessories** | | | | | | | |
| Tow Bar | | |  | | | | |
| Radio – CD Player | | |  | | | | |
| Aircon | | |  | | | | |
| Wi-Fi | | |  | | | | |
| Vehicles Departure Address | | |  | | | | |
| Do you smoke in your Vehicle? | | |  | | | | |
| Smoking Allowed in Vehicle | | |  | | | | |
| **Vehicle GPS Coordinates Click https://www.gps-coordinates.net/my-location** | | | | | | | |
| Latitude | | | | |  | | |
| Longitude | | | | |  | | |
| How Many Comfortable Passengers | | | | |  | | |
| Luggage Capacity- Cases? | | | | |  | | |
| Luggage Space Small/Medium/Spacious | | | | |  | | |
| Do you own a Trailer? If so Size? Small/Medium/Large | | | | |  | | |
| Trailer Registration Number | | | | |  | | |
| **VEHICLE INSURANCE** | | | | |  | | |
| Your **Insurance** Company | | | | |  | | |
| Insurance up to Date? | | | | |  | | |
| **Hours Available** | | | | | | | |
| START DAY AT ? |  | | | | | End Day at ? |  |
| Willing to Travel Distance? |  | | | | | | |
| Willing to Drive in Evenings? |  | | | | | | |
| Early Mornings? |  | | | | | | |
| Late Night? |  | | | | | | |
| Willing to Sleep out? |  | | | | | | |
| **Medical – Any Medical Problems?** | | | | | | | |
| Your Age? | | | |  | | | |
| Condition of your Eyes? | | | |  | | | |
| Any Physical Disabilities? | | | |  | | | |
| **License and Permits** | | | | | | | |
| Date License Obtained | | | |  | | | |
| License Code? | | | |  | | | |
| License Limitations | | | |  | | | |
| Wear Glasses? | | | |  | | | |
| PDP License Date obtained | | | |  | | | |
| PDP Valid until date? | | | |  | | | |
| **Vehicle License** Expiry Date? | | | |  | | | |
| Operators Disk? (2nd Disk) | | | |  | | | |
| Expiry Date | | | |  | | | |
| Dept. of Transport Disk? | | | |  | | | |
| Date Obtained? | | | |  | | | |
| **Emergencies** Do you have a Jack? | | | |  | | | |
| GOOD SPARE TYRE? | | | |  | | | |
| Wheel Spanner | | | |  | | | |
| Torch | | | |  | | | |
| Tow Rope | | | |  | | | |
| Battery Jumper Cables | | | |  | | | |
| Tyre Inflating Bottle | | | |  | | | |
| **OTHER DRIVING JOBS NOTE:** We Prefer if you do Drive for Other Companies | | | | | | | |
| Who are you Currently Driving for? | |  | | | | | |
| **Banking Details for Deposit payments INTO your account** | | | | | | | |
| Bank Name | |  | | | | | |
| Account Name | |  | | | | | |
| Account Number | |  | | | | | |
| DISCLOSURE: Please Disclose any Information that may Positively or Negatively impact your Application and abilities to Safely Drive for the Pink Buddies. | |  | | | | | |
| I declare this information to be correct to the best of my knowledge. Please sign with Date | |  | | | | | |
| **PLEASE FORWARD COMPLETED Signed Document to** [info@pinkbus.co.za](file:///C:\Users\user\Documents\info@pinkbus.co.za) | | | | | | | |

Bottom of Form