

Office Use Code: Form Number

Thank you for making use of this application form:

1. Please type your details directly on the form and then print, sign and fax; or
2. Print and complete by hand (Please Print) and fax.
3. Fax Number – 031 702 6832 – Call Centre 0860 662 453 – Email info@dial-a-ride.co.za

Traveller Information	
Full Names	
ID Number	
Type of Disability	
Assistive Device Type	
Accompanying Caregiver	
Guide Dog	
Other	
Physical Address	
Postal Address	
	Postal Code .
E-mail	
Phone Number	
Cell Number	
Fax Number	
Emergency Contact Person	
Emergency Contact Tel. Number	
Is the need to get to work?	
What transport to work currently?	
Trip Information	
Pick-up Address Street No. Name	
Suburb	
Pick-up Date and Time	
Destination Street No. Name	
Suburb	
Ideal arrival Time	
Ideal Return Pick-up Time	
If Recurring - Days of the Week	
Method Of Payment	
Your Signature and thereby your confirmation that all information provided is totally correct	