

Application Date: ____/____/____

Collection/Distribution Date: ____/____/____

***Please attach photo**



MOBILITY CART RECIPIENT INFORMATION

SURNAME of recipient: _____

FIRST NAME _____

SEX: _____ **AGE:** _____

NRC # (Or any identity of birth or Nationality): _____

Residential Address: _____

Province: _____ **Phone:** _____

Profession/ Occupation (if any): _____

ZAPD Disability Certification No. (if registered): _____

Nature or cause of disability (Tick box or explain):

☐ Congenital/born that way (i.e. club foot, spina bifida)

☐ Age Related (i.e. arthritis)

☐ Polio

☐ Other, please explain

☐ Other Disease (i.e. malaria, stroke, diabetes)

☐ Accident (i.e. car accident, snake bite, fall)

NAME of Parent/ Guardian/ Spouse: _____

NRC # _____ **Phone:** _____

Address: _____

NAME of Denomination/ Organization or Agent: _____

Address: _____ **Phone:** _____

Email: _____

Requested by: _____

Stamp (if any)

Signature: _____

Designation: _____

Observations (Official Use Only):

.....
.....

Cart Produced in Workshop: _____ **Cart ID Number:** _____

By filling in this application, the recipient is accepting the possibility of their image being used in publications for Mobility IM, NLIM, and their donors. These images are used in raising awareness, showing the sponsors that the donated money is being used properly, and for future fundraising efforts as these carts are a free gift to the recipient. If the recipient disagrees with the use of their image, they must notify Mobility IM in writing to this effect.