

Mass Distance Charges ASSESSMENT FORM



Road Fund Administration

Private Bag 13372,
Windhoek
Tel: +264 61 433 3000
Fax: +264 61 433 3070
website:www.rfanam.com

Official Stamp	Assessment Form	
	Log sheets	
	Proof of Payment	
	Picture of current km	
	ID	

Official Signature

MDC Reference Number:

Email Addresses:
Mdcassessmentqueries@rfanam.com.na
PreAssessmentcalculations@rfanam.com.na
Logbookrequests@rfanam.com.na
Coprequests@rfanam.com.na
Mdcaccountrecons@rfanam.com.na

1. Operator Particulars

Name	
Postal Address	
ID Number	
Telephone	
Mobile	
E-mail	

2. Business Particulars

Name	
Postal Address	
Business Reg. No.	
Telephone	
Mobile	
E-mail	

FOR OFFICE USE ONLY

3. Processing Checklist

(X) Verification / Assessing (X)		
Pre-Assessment Form		
Account Ledger Check		
Log sheet		
Proof of payment		
Picture of current km		
Police Declaration		
ID Copy		
Inspection Request/report		
Kilometres/Registration details		
Natis Screen shot(ownership/km)		
Edits:		
Valid/Invalid Status		
Correction of License nr/Register		
Comment on assessment		

(X) Authorization / Posting (X)		
Pre-Assessment Form		
Log sheet		
Proof of payment		
Picture of current km		
Police Declaration		
ID Copy		
Natis Screen shot		
Kilometres/Registration details		

Authorization Notes / Review:		
Inspection 'Request' Report		
Re-assessment		

Cop Issuance Check (X)		
Authorized/Posted		
Last Log atleast a month prior		
Credit control Check		
Account in Goodstanding		
Debt Arrangement		
Support Officer		
Scanned onto COP Folder		
Filing		
Notes:		

4. Calculation of MDC payable

Note that there are severe penalties for false declarations

Period: Month: _____ Year: _____ to Month: _____ Year: _____

MDC Due/Payable N\$.....

I certify that the particulars in this assessment are correct.

NOTE: That the COP is only valid for one month and issued only upon request.

4. COP Request collect e-mail

A COP is only issued for the current assessment period and within 48hours.

Inspections if required may take a period of 1 week.

Name

Operator Signature

Date

FOR OFFICE USE ONLY



MDC Assessment Receipt

RFA Reference Number

This certifies that the MDC Assessment for the above mentioned vehicle has submitted with all the supporting documents.

Period: Month: _____ Year: _____ to Month: _____ Year: _____

Amount Paid: N\$.....

Operator/Business.....

Official Signature

5. Vehicle Identification Data

NR	LICENCE NR	REG. NR	PREVIOUS ODO	CURRENT ODO	TOTAL KM DRIVEN	OUTSIDE KM/ OTHER ROADS	+ 100	X RATE	Amount N\$	
0 e.g.	N18984W	RBR343H	234362	247753	13391	—	133.91	14.70	1968.45	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
Assessment Total:										
Opening balance due:										
Total Payment due:										
Comment(s):										

INDEPENDENT Investment (Pty) LTD

NB: Kindly round off cents to the nearest N\$0.05 and N\$0.10

NB: For additional vehicle, please attach list of vehicles reflecting the same information as above.

Mass Distance Charges Explanatory Notes	 RFA Road Fund Administration	Road Fund Administration Private Bag 13372, Windhoek Tel: +264 61 433 3000 Fax: +264 61 433 3070 e-mail: Mdcassessmentqueries@rfanam.com.na
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MDC Assessment Form

- The RFA Account Number allocated to the operator by the RFA should be reflected on this form.
- For administrative reasons, one form should be completed for vehicles for which the payment interval is the same. E.g Vehicles for which the payment interval is bi-annually should be submitted on the same assessment form. Vehicles for which the payment interval is quarterly should be submitted on the same assessment form etc.
- The tear off section will serve as confirmation of submission of self -assessed MDC charge, and shall be completed by a RFA official upon submission.
- The vehicle licence number and vehicle register number are required for correct identification purposes.

BANK DETAILS

ROAD FUND ADMINISTRATION - MDC

NAME OF THE BANK: **First National Bank**
 NAME OF THE ACCOUNT: **MDC Deposits Account**
 ACCOUNT NUMBER: **64281744994**
 ACCOUNT TYPE: **Corporate Cheque Account**
 BRANCH CODE: **289180**
 SWIFT CODE: **FIRNNANX**
 MDC REFERENCE: **Three Fixed Alpha (MDC) followed by 6 numerical e.g,
 MDC000000 (for EFT payments)**