

## **INFORMATION ON THE CHANGE OF A VEHICLE**

Applicant's Name & Addresss	Type of Applicatioon		Requirement	Date Granted	Date sent to Computer Room	Remarks	
CHANGE OF:		(1) V	EHICLE	(2) PLA	TES	(3) ROUTE	
Tick what is required							
REASON FOR CHANGE:							
STATE WHAT HAPPENED TO PREVIOUS VEHICLE (IF SOLD PLEASE WRITE ADDRESS OF BUYER)							
DOCUMENTS SUBMITTED FOR VEHICLE OLD OR NEW							
Vehicle Sold				<u>If not sold</u>			
<ol> <li>Copy of Transfer Receipt OR</li> <li>Copy of Certificate of Titles showing transfer</li> </ol>				<ol> <li>Original Registration Certificate</li> <li>Insurance Certificate/Cover Note</li> </ol>			
Signature Applicant				SignatureLegal Assistant			
Date:				Date:	Date:		
Applicant's Contact Number (s)							