#### **Government of South Australia**

Department for Infrastructure and Transport

www.sa.gov.au ABN 92 366 288 135

Telephone Enquiries: 13 10 84

Service SA: GPO Box 1533, Adelaide SA 5001

**REGISTERED OWNER /OPERATOR** 

LABHPREET SINGH . UNIT 6 106 REID AVE MAGILL SA 5072

## REGISTRATION DETAILS CERTIFICATE

REGISTRATION DETAILS CERTIFICATE DOES NOT PROVE OWNERSHIP

The Registration Details Certificate must be retained for change of registered ownership

For information about the CTP Scheme, visit the CTP Regulator website at www.ctp.sa.gov.au

Client Number : FN9914 Plate Type : A ALPHA-NUM Plate Number : \$429BMH

Commencement Date : 28/10/22 Expiry Date : 27/01/23 Colour : SILVER

Vehicle Make : HYUNDAI : 2016

Body Type : CHAUFFEURED VEH No. of Cyl : 4

VIN/Chassis Number : KMHD841FMHU268581 Engine Number : G4NAGU885945AA3

CTP Insurer / Premium : AAMI / 48

Class

The onus is on you to renew registration on expiry and ensure the vehicle meets safety standards. You must notify change of address within 14 days.

# APPLICATION FOR TRANSFER OF REGISTRATION - MUST BE LODGED WITHIN 14 DAYS BOTH PARTIES MUST SIGN THIS FORM

Audit Number 21133683146

The new owner must transfer registration to their name within 14 days of purchase and pay transfer and stamp duty fees by using their mySA Gov account (create one at sa.gov.au/ezyreg), in person at a Service SA Centre or by posting to Service SA, GPO Box 1533 Adelaide SA 5001. Failure to transfer registration within 14 days may result in a late payment fee.

New owners need to check the registration expiry date, visit ezyreg.sa.gov.au. If the vehicle is to be registered in joint names, one person will be recorded as the Registered Operator

- The appropriate transfer fee and stamp duty must be presented with this form (phone 13 10 84 to find out the total fee payable).
- Proof of identity and address may be required.
- Penalties are prescribed for under declaration of the vehicle value or false statements.
   If the vehicle is to be registered in joint names, one person will be recorded as the Registered Operator.
- You must be 18 years of age to apply for a Transfer of Registration of a Heavy Vehicle (GVM >4.5 tonnes) or 16 years of age for any other vehicle.

New Owner's	Surname / Body Corporate Name	Given Names		Client / Licence Nur		Date of Birth	
Name						1 1	
Other/Joint				Client / Licence Number		Date of Birth	
Owner's Name						1 1	
Residential (Ho	ome) Number and Street	Number and Street Suburb or Town					
Or Business Ac	ddress						
Postal Address		Suburb or Town					
(if different to above add	lress)						
Garaging Address	Number and Street	Number and Street Suburb or Town					
In South Australia (if different to residential)	)						
Value of Vehicle for Stamp Duty							
The market value or	\$						
Input Tax Credit (ITC)						П № П	
Will the vehicle be used for any purpose that entitles you to any input tax credit (ITC) for the GST included in your CTP premium?							
	Dealer Declaration						
I declare that this ap	oplication is made to enable resale or demonstrat	ion of this vehicle. I hold a second	I hand motor vehicle dealer's	Licence Number:			
	I have purchased the vehicle from the registere	Vehicle Purchased					
Signatures	nd I am applying to transfer the registration.		authorise the transfer of reg		ation.		
	Signed	, ,	Signed				
3/		•	•				

### DISPOSAL NOTICE - MUST BE LODGED WITHIN 14 DAYS

### BOTH PARTIES MUST SIGN THIS FORM

The seller must submit this disposal notice within 14 days of sale. This can be done by using a mySAGOV account (create one at sa.gov.au/ezyreg), in person at a Service SA Centre or by posting to Service SA, GPO Box 1533 Adelaide SA 5001.

It is in the seller's best interest to provide as much detail as possible about the buyer, including a SA client/driver's licence number where possible.

Plate Type : A ALPHA-NUM REGISTERED OWNER /OPERATOR Client Number : FN9914

 Plate Number
 :
 \$429BMH
 LABHPREET SINGH .

 Vehicle Make
 :
 HYUNDAI
 UNIT 6 106 REID AVE

 Body Type
 :
 CHAUFFEURED VEH
 MAGILL SA 5072

			Date of Sale	Time of Disposal	Selling Price
The above vehicle was sold to the following person(s) on			1 1	: am / pm	\$
New Owner's	Surname / Body Corporate Name Giver	n Names		Client / Licence Number	Date of Birth
Name					1 1
Other/Joint				Client / Licence Number	Date of Birth
Owner's Name					1 1
Residential (Home)	Number and Street Subu	rb or Town			Postcode
Or Business Address					
Postal Address (if different to above address)	Subu	Postcode			
Signature of Registered	S	Signature of			Date
Owner/Operator		lew Owner			1 1