

21 THUM 400036814

21/6/2021



# National Transport and Safety Authority

THE TRAFFIC ACT  
(Cap. 403, Section 6 (2) rule 5)

## APPLICATION FOR REGISTRATION AND LICENCE OF MOTOR VEHICLE TRAILER

IMPORTANT - When it is required to licence a vehicle at the time of registration, this form may be used for both purposes without the necessity of completing form C. Unless this application is completed in every Respect, delay may occur in the issue of a licence.

For Official Use Only  
Serial No. of Licence  
Prepared by  
Checked by

Form A  
Date  
Amount to pay  
Registration Fee Sh.  
Licence Fee Sh.  
Total Sh.

### (A) APPLICATION

I apply to be registered as the owner of the vehicle described below. I also apply for a licence for - (tick one box)

☐ 4 months

or

☒ 12 months

Commencing 1 JUNE

month

### (B) INSURANCE: Name of company issuing third Party insurance

### (C) PARTICULARS OF VEHICLE: (tick or fill boxes where appropriate)

1. Motor vehicle ☒ Trailer ☐ Motorcycle ☐

2. Make FORD

3. Body type 4x4 DOUBLE CAB

(see Note 1 overleaf)

4. Other vehicle description RANGER 2-2 XL

5. Year of manufacture-19 2021

6. Tareweight

7. Manufactures chassis or frame number

6FPXMM12PMM84549

8. Number of axles

TWO

9. Value K £

10. Principal body colour (tick one box only)

White/cream

Red/maroon/pink

Orange

Blue/turquoise

Green

DIFFUSED SILVER

yellow/gold

brown/beige

black

gray

purple/violet

11. Is it a new vehicle (see Note 2 overleaf)?

No

Yes

12. Has the vehicle previously been registered

No

Yes

If yes, Country

And

Registration mark/number

N/A

13. Use: (a) Private

(b) Commercial goods

(c) Commercial public service

carrying capacity

kgs

14. Expected normal location of vehicle:

NB1

Road

Town

NB1

Area /Estate

District

15. Motor vehicle only:

(a) Method of propulsion (See Note 3 overleaf)

Petrol

Diesel

Other oil

Steam

Electricity

(b) Engine Identification Number

AJ2APMM84549

(c) Rating (cubic centimeters)

2200cc

### (D) DECLARATION

I declare that the foregoing particulars are true and complete

Usual Signature

Name (in full)

(Block Capital)

Occupation

Name of Institution /Company employed

Telephone Number

Postal Address

Town

Date 20



Registration Mark and Number

74/3 80/9

Registration Book No.

2 1

1 2

10-35

36-51

52-71

72 73

74 75

76 77

78 79

80

TN RC PREG