

KENTA OFFICE

National Transport and Safety Authority

THE TRAFFIC ACT

APPLICATION FOR REGISTRATION AND LICENCE OF	MOTOR VEHICLE TRAILER
PORTANT - When it is required to licence a vehicle at the time of registration, this form ay be used for both purposes without the necessity of completing form C. Unless this plication is completed in every Respect, delay may occur in the issue of a licence,	For Official Use Only Senai No. of Licence Prepared by Checked by Registration Fee Sh. Licence Fee Sh.
APPLICATION upply to be registered as the owner of the vehicle described helow I also apply for a licence r - (tick one box) 4 months or Commencing I	Registration Fee Sh. Licence Fee Sh Total Sh
3) INSURANCE Name of company issuing third Party isurance	
PARTICULARS OF VEHICLE (tick or fill boxes where appropriate) Motor vehicle Motorcycle Make Double CAB (see Note 1 overlean) Other vehicle description Year of manufacture-19 Trailer Motorcycle Trailer Motorcycle Trailer Motorcycle Trailer Motorcycle AB (see Note 1 overlean) Trailer Motorcycle Motorcycle Trailer Motorcycle Motorcycle Motorcycle Trailer Motorcycle Motorcycle Motorcycle Motorcycle Trailer Motorcycle M	1 2 3 4 5 6 7 8 9 10 11 12 13 13 16 17 18
FPPXXMJ DPM M 78 0 2 1 28 29 30 31 32 33 34 35 36 37 R Number of axles 9 Value K £	19 20 KDC 390
Principal body colour (tick one bx only) White/cream Red/maroon/pink Orange Blue/turquoise Gireen 11 Is it a new vehicle (see Note 2 overleaf)? Principal body colour (tick one bx only) yellow/gold hrown/beige black gray pumple/violet No Yes If yes, Country And	20 22 23 24 25 26 27 38 39 40 41 42 43
Registration mark/number 13 Use: (a) Private (b) Commercial goods (c) Commercial public service 14 Expected normal location of vehicle: Road Road Area /Estate District	44 445 46 47 48 49 50 51 52
Motor velticle only: (a) Method of propulsion (See Note 3 overleaf) Petrol Diesel Other oil Steam Electricity	53 54 55 56 57
(b) Engine Identification Number 9 12 9 9 M M 7 8 0 68 67 68 (c) Rating (cubic centimeters). 2200 CC.	58
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 05PACE CONSTRUCTION CROOL Z Z Z Z Z	Registration Mark and Number 74/3 80/9 2 1 1 2 10-35 30-51 52-71
A SOLO	72 73 74 75 76 77 78 79 80 TN RC PREG