

KENYA OFFICE

## **National Transport** and Safety Authority

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

MOTORS GROUP LAB 70 83 30 135 0 10m A 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 For Official Use Only application is completed in every Respect, delay may occur in the issue of a licence, Senal No.of Licence Prepared by Checked by (A) APPLICATION I apply to be registered as the owner of the vehicle described below. I also apply for a licence Registration Fee Sh. for - (tick one box) 4 months Licence Fee Commencing 1 MAY 202/ or Total Sh 12 months month (B) INSURANCE Name of company issuing third Party issurance (C) PARTICULARS OF VEHICLE: (tick or fill boxes where appropriate) 10 l. Motor vehicle Trailer Motorcycle V 2 Make 444 12 13 3 Body type DOUGLE CAB 4 Other vehicle description
5 Year of manufacture 49 2021
6 Tareweight 5 Year of manufacture 49 6 Tareweight kgs 7 Manufacutres chasis or frame number 16 17 6FPPXXM 7 2 P M M 28 29 30 31 32 DC 389U 8 Number of axles 19 20 IWO Value K E 22 20 Principal body colour (tick one bx only) White/cream yellow/gold Red/maroon/pink brown/beige Orange black Blue/turquoise gray Green purple/violet FROZEN WHITE [1]

11 Is it a new vehicle (see Note 2 overleaf)? Has the vehicle previously been registered No If yes, Country .. 40 41 42 43 Registration mark/number 13 Use. (a) Private 45 carrying capacity (b) Commercial goods (c) Commercial public service 46 kgs Joeanny FOURY DRIVER 14. Expected normal location of vehicle Road Area /Estate NEI Town .. NBT District 15 Motor vehicle only. (a) Method of propulsion (See Note 3 overleaf) Petrol \_\_\_\_ Diesel Other oil Steam Electricity (b) Engine Identification Number 2 72 9 61 62 63 20 (c) Rating (cubic centimeters) . 22.00 CC (D) DECLARATION Registration Mark and Number I declare that the foregoing particulars are true and complete Usual Signature ... Name (in full) . (Block Capital) Registration Book No. Occupation 2 Name of Institution /Company employed . . . Telephone Number .... 10-35 Postal Address O GROSPACE CONSTRUCTION GROL 36-51 Town 52-71 ..... 20 72 77 78 PREG