



**REPUBLIC OF NAMIBIA**  
**MINISTRY OF WORKS AND TRANSPORT**  
**DEPARTMENT OF TRANSPORT**  
(Road Traffic and Transport Act 1999)

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**APPLICATION FOR REGISTRATION AND LICENSING OF MOTOR VEHICLE**

**NOTE:** Acceptable identification of the owner is essential (including that of the proxy and/or representative)

**A. PARTICULARS OF OWNERS**

(to whose vehicle the number is to be transferred)

Type of Identification  
(mark with X)

traffic register no.	Namibia-ID-doc.	business reg. no.
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Identification number

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Nature of person/organisation  
(mark with X)

male	female	one-man business	private company	closed corporation	other (specify) _____
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Surname/name of organisation

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Initials and first names  
(not more than 3)

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Postal Address

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Street Address

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Telephone number  
during day

_____	_____
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(code)

(number)

**B. ORGANISATION'S PROXY**

Type of identification  
(mark with X)

traffic register no.	Namibia-ID-doc.
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Identification number

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Surname and initials

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and

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**C. ORGANISATION'S REPRESENTATIVE**

Type of identification  
(mark with X)

traffic register no.	Namibia-ID-doc.
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Identification number

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Surname and initials

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and

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**D. DECLARATION**

I the

owner	organisation's proxy	organisation's representative
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(a) declare that all the particulars furnished by me  
this form are true and correct; and

Signature .....

Place .....

Date : : : :

Y Y M D

## E. PARTICULARS OF MOTOR VEHICLE

Registration number	<b>N</b> _____									
Make	_____									
Series name (describe in full)	_____									
Vehicle category (e.g. motorcycle, heavy load vehicle, front passenger vehicle, special vehicle, etc.)	_____									
Driven (mark with X)	<input type="checkbox"/> self-propelled	<input type="checkbox"/> trailer	<input type="checkbox"/> semi-trailer	<input type="checkbox"/> trailer drawn by tractor						
Vehicle description (e.g. station wagon, bus, ambulance, etc.)	_____									
Net power and engine capacity	<input type="checkbox"/> kW	and <input type="checkbox"/> cm <sup>3</sup>								
Fuel type (mark with X)	<input type="checkbox"/> petrol	<input type="checkbox"/> diesel	other (specify): _____							
Total (T) and gross vehicle mass (V)	<input type="checkbox"/> kg	and <input type="checkbox"/> kg								
Maximum permissible vehicle mass (V)	<input type="checkbox"/> kg	Only in respect of vehicles with Gross Vehicle Mass 3500kg								
Maximum permissible drawing mass (D)	<input type="checkbox"/> kg	Only in respect of vehicles with Gross Vehicle Mass 3500kg								
Transmission (mark with X)	<input type="checkbox"/> manual	<input type="checkbox"/> semi-automatic	<input type="checkbox"/> automatic							
Main colour (mark with X)	<input type="checkbox"/> white	<input type="checkbox"/> red	<input type="checkbox"/> blue	other (specify): _____						
Used for transportation of: (e.g. Passengers, livestock, building and construction materials, etc.)										
Economic sector in which used: (e.g. private, agriculture, service, etc.)										
Odometer reading (if available)	<input type="checkbox"/> no odometer	or <input type="checkbox"/> km								
Street address where vehicle is kept (if different from owner's address)										
Nature of ownership (mark with X)	<input type="checkbox"/> private	<input type="checkbox"/> business	<input type="checkbox"/> motor dealer	is vehicle used on public road? (mark with X)				<input type="checkbox"/> yes	or	<input type="checkbox"/> no

## F. FOR OFFICE USE ONLY

Chassis number/VIN	_____											
Engine number	<input type="checkbox"/> no engine	or <input type="checkbox"/>										
Fees paid and serial number of receipt registration	N\$ _____	and <input type="checkbox"/>										
Fees paid and serial number of receipt licensing	N\$ _____	and <input type="checkbox"/>										
Does vehicle comply with requirements i.r.o road worthiness certification and date of roadworthiness test	<input type="checkbox"/> yes	<input type="checkbox"/> no	and <input type="checkbox"/>		<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> D	<input type="checkbox"/> D
Serial number of roadworthy certificate (if applicable)	<input type="checkbox"/> 01 first registration <input type="checkbox"/> 02 ownership <input type="checkbox"/> 03 re-register <input type="checkbox"/> 04 reposessed <input type="checkbox"/> 05 amalgamation <input type="checkbox"/> 06 built-up <input type="checkbox"/> 07 recovered <input type="checkbox"/> 08 estate											
Reason for registration	<input type="checkbox"/> 01 first registration <input type="checkbox"/> 02 ownership <input type="checkbox"/> 03 re-register <input type="checkbox"/> 04 reposessed <input type="checkbox"/> 05 amalgamation <input type="checkbox"/> 06 built-up <input type="checkbox"/> 07 recovered <input type="checkbox"/> 08 estate											
Police clearance submitted	<input type="checkbox"/> yes	or <input type="checkbox"/> no										
Date of transaction (effective date)	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> D	<input type="checkbox"/> D	Date of liability for first licensing <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D			
Control number of registration certificate	<input type="checkbox"/>											
Status of vehicle	<input type="checkbox"/> 1 new	<input type="checkbox"/> 2 used	<input type="checkbox"/> 3 built-up	<input type="checkbox"/> 4 reconstructed								
Signature of official	Date capturing				Examiner of Vehicles							