



APPLICATION FOR PERMISSION TO IMPORT LEFT HAND DRIVE VEHICLE

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_

Model: \_\_\_\_\_

Color: \_\_\_\_\_

Year: \_\_\_\_\_

Chassis No: \_\_\_\_\_

Type of Vehicle:

MOTOR CAR

PASSENGER VEHICLE

SUV

FREIGHT VEHICLE

Please tick the appropriate box.

Approved

Not Approved

Signature of Applicant:.....

Date:.....

Signature of Approving Officer:.....

Date:.....