



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: