



**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: .....