

Application for conversion of Tenure of permits

<input type="checkbox"/> Taxi	<input type="checkbox"/> Rental	<input type="checkbox"/> Hire	<input type="checkbox"/> Minibus	<input type="checkbox"/> LC	<input type="checkbox"/> RCL	<input type="checkbox"/> RRL
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Applicants First Name _____ Middle Name _____ Surname _____

Fathers Name: _____ Driver License No: _____

Permit Number: _____ Existing issue date: _____

Existing expiry date: _____

Residential Address: _____

Postal Address: _____

Occupation: _____ Residence Status: _____

Email Address _____ DOB: _____

Phone No (M) _____ (O) _____ (H) _____

Gender: Male Female

Phone Contact: (M) _____ (H) _____

DECLARATION

I _____ whose signature appears below declare that the particulars given in this application and attachments are true and correct.

Dated this _____ of _____ 20____

Signature _____

(Applicant/Manager/Directors and Common Seal in the case of limited liability Company)

Note: The application form must be completed only by the permit holder with the original signature.

Official Use Only

Location(region): _____

Date: _____

Officer receiving: _____

PSV CHECKLIST

Transition of Permit Checklist

1. Completed Form
2. Original Permit