APPLICATION FOR REPLACEMENT MOTOR VEHICLE

REGISTRATION CARD
LICENCE DISC
TEMPORARY LICENCE
REGISTRATION PLATE

TANZANIA REVENUE AUTHORITY
Please attach Police loss Report

REGISTRATION NUMBER: ____________________________
CHASSIS NUMBER: ______________________________
MODEL: ______________________________ MAKE: ______________________________

THIS APPLICATION REGARDs:

☐ REGISTRATION PLATE/S
☐ REGISTRATION CARD
☐ LICENCE DISC
☐ TEMPORARY LICENCE

Number plate size: and quality:
☐ 520*110 mm 1☐ 2☐
☐ 280*200 mm 1☐ 2☐
☐ 240*130 mm (MC) 1☐ 2☐
☐ 340*180 mm 1☐ 2☐

Number plate/S delivery
Address: .........................................................................................................................

(Indicate TRA Office location or other delivery address)

PARTICULARS OF OWNER/TITLE HOLDER
(✓) TICK APPLICABLE BOX AND FILL IN ID NUMBER

<table>
<thead>
<tr>
<th>Owner Category</th>
<th>Id Number: TIN No or Other Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Citizen of Tanzania</td>
<td>☐ Financial Institution</td>
</tr>
<tr>
<td>☐ Parastatal</td>
<td>☐ Government</td>
</tr>
<tr>
<td>☐ Company</td>
<td>☐ Local Government</td>
</tr>
<tr>
<td>☐ Expatriate</td>
<td>☐ Diplomat</td>
</tr>
<tr>
<td>☐ Other Agencies/Associations/Clubs</td>
<td>☐ Organisation under UNDP</td>
</tr>
<tr>
<td>☐ Partnership</td>
<td>☐ Cooperative Society</td>
</tr>
<tr>
<td>☐ Sole Proprietor</td>
<td>☐ Religious Organisation</td>
</tr>
</tbody>
</table>

USE BLOCK LETTERS

Name: .........................................................................................................................
Postal:
Address: ..................................................................................................................... Town/Place: ..................................................

I declare that all the particulars furnished by me in this form are true and correct.

Date: ____________________________ Signature: ____________________________

For Official use only

Office Code: ..........................................................
Officer Code: ..........................................................

Vehicle Control No: ..........................................................
Office stamp & Signature: Date: ..........................................................