

# APPLICATION FOR REGISTRATION OR RENEWAL OF REGISTRATION OF MOTOR VEHICLE

Form 7

SURNAME OR FATHER'S NAME:		GIVEN NAME:		COMPANY OR ORGANIZATION NAME:	
POSTAL ADDRESS:				RESIDENTIAL ADDRESS:	
PHONE #:		FAX#:		MOBILE#:	
SECTION:		LOT:		STREET NAME:	
SUBURB:		MAKE:		MODEL:	
BODY TYPE:		COLOUR:		ENGINE No.	
CHASIS No.		ENGINE CAPACITY (CC)		YEAR OF MANUFACTURE	
VEHICLE CLASS (SEE DIAGRAM) →		IF VEHICLE IS TO BE USED FOR COMMERCIAL PURPOSES		TARE WEIGHT	
		GROSS WEIGHT		CARRYING CAPACITY	
		KG		KG	
				KG	
PROVINCE IN WHICH VEHICLE IS TO BE USED			USED OF VEHICLE FOR THIRD PARTY INSURANCE CLASSIFICATION		
HAS THE VEHICLE PREVIOUSLY BEEN REGISTERED IN PAPUA NEW GUINEA OR OVERSEAS		IF ANSWERED "YES"		WHEN REGISTERED .....	
		<input type="checkbox"/> YES		REGISTRATION No. ....	
		<input type="checkbox"/> NO		NAME OF PREVIOUS OWNER .....	
<p>I apply for the registration of the motor vehicle described above and declare that to the best of my knowledge and belief the above details are true and correct.</p> <p>SIGNATURE: .....</p> <p>WITNESS: ..... DATE: ...../...../.....</p>					
OFFICE USE ONLY					
ISSUED WITH					
REGISTRATION PLATE No. ....			REG FEE K .....		
<u>INSPECTION REPORT</u>			TPI FEE K .....		
ROAD WORTHY CERTIFICATE NO. ....			TOTAL AMOUNT K .....		
EXPIREY DATE.....					
INSPECTION STATION.....					