



MOTOR VEHICLES
INSURANCE LTD

FORM
7B

COMPULSORY THIRD PARTY (CTP) POLICY HOLDER FORM – NON INDIVIDUAL

1. Customer Details

Registered Name:

Trading Name:

IPA Registration No.:

TIN:

Note: IPA and TIN are mandatory requirements, copies must be provided.

Customer is an Importer: ☐

2. Sub Type

Tick One: Company ☐

Government ☐

Organisation ☐

3 Contact Details

International Phone No.:

Local Phone No.: Mobile No.:

Primary Email: Secondary Email:

4 Physical Address

Section:

Allotment:

Building/ Location Name:

Street Name:

Province:

District:

LLG:

Ward:

Suburb/ Village:

5. Mailing Address

P.O. Box

Signature: _____ Date: _____

FOR OFFICE USE

New Customer ID No:

Received By: _____
(Name)

Processed By: _____
(Name)

Received By: _____
(Sign)

Processed By: _____
(Sign)

Received Date: _____

Processed Date: _____

