

APPLICATION FOR DRIVER'S LICENCE
(Vehicles and Road Traffic Act, No. 17 of 1993)

TIN: _____ For official use only

Name: _____
First Name Middle Names Last Name

Maiden Name:

Residential Address:

Postal Address (If Different):

Date of Birth: _____ Sex: Male Female

Place of Birth: _____ Nationality:

Social Security No.: _____ Telephone No.:

Are you the holder of a driving Licence and have you at any time previously been the holder of a driving licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, state the particulars of any driving licence, which you hold or have previously held, <i>i.e.</i> the number and date of first issue.		
If yes, state particulars of any endorsement on any driving licence which you hold or have previously held.		
Have you at any time been disqualified from obtaining a driving licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are your physique, vision, hearing and bodily and mental fitness such as to qualify you for the issue of a driving licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please state the type of Motor Vehicle which you intend to drive		

Signature of Applicant _____

Date of Application

*Please bring along your Birth Certificate / Passport when you are submitting this form.