## KENYA REVENUE AUTHORITY

## THE TRAFFIC ACT

(Cap. 403, Section 6 (2) rule 5)

## APPLICATION FOR REGISTRATION AND LICENCE OF MOTOR VEHICLE TRAILER

Form A IMPORTANT:- When it is required to licence a vehicle at the time of registration, this form may be used for both purposes without the necessity of completing form C. Unless this For Official Use Only Serial No.of Licence. application is completed in every Respect, delay may occur in the issue of a licence, Prepared by ..... Checked by ..... (A) APPLICATION Date I apply to be registered as the owner of the vehicle described below. I also apply for a licence Amount to pay for:- (tick one box) Registration Fee Sh. ..... 4 months Licence Fee Sh. .... Total Sh. .... 12 months (B) INSURANCE: Name of company issuing third Party isurance ...... 3 (C) PARTICULARS OF VEHICLE: (tick or fill boxes where appropriate) 8 10 11 1. Motor vehicle Trailer 2. Make ..... 12 13 3. Body type..... (see Note 1 overleaf) 4. Other vehicle description 5. Year of manufacture 19..... 6. Tareweight .....kgs 7. Manufacutres chasis or frame number 15 16 17 29 30 31 32 33 34 35 36 37 19 20 8. Number of axles Value K £ 20 22 10. Principal body colour (tick one bx only) White/cream vellow/gold brown/beige Red/maroon/pink 24 25 26 27 Orange black Blue/turquoise grav purple/violet Green 11. Is it a new vehicle (see Note 2 overleaf)? Yes Has the vehicle previously been registered 40 41 42 43 If yes, Country ..... And Registration mark/number ..... 45 13. Use: (a) Private carrying capacity 46 Commercial goods (b) 47 (c) Commercial public service seating ..... Area 14. Expected normal location of vehicle: 49 15. Motor vehicle only: Method of propulsion (See Note 3 overleaf) 53 54 55 56 57 Diesel \_\_ Steam Electricity Petrol Other oil 58 Engine Identification Number 60 61 62 63 64 65 66 (c) Rating (cubic centimeters) ..... 69 70 71 (D) DECLARATION Registration Mark and Number I declare that the foregoing particulars are true and complete Usual Signature Name (in full) 74/3 80/9 Registration Book No. (Block Capital) 2 Occupation ..... Name of Institution /Company employed ..... 10-35 Telephone Number Postal Address ..... 36-51 52-71 Town ..... Date...... 20 ..... 77 78 79 72 73 74 TN RC **PREG**