

THE GOVERNMENT OF THE REPUBLIC OF VANUATU

To : **The Director of Customs and Taxes.**

No N/A _____

FIRST REGISTRATION OF A MOTOR VEHICLE

1. Name of Owner (Person or Company) : _____ (13 characters only including spaces)
2. Address of Owner : _____
3. Vehicle Make and Date of Manufacture : _____
4. Type of Vehicle : _____
5. Method of Propulsion: _____
6. Colour: _____
7. Chassis Number : _____
8. Engine Number : _____
9. Horse Power : _____
10. Number of Cylinders: _____
11. Weight. : (a) Unladen _____
: (b) Laden _____
12. Maximum Authorized Number of Passengers (including driver): _____
13. Date of Importation : N/A _____
14. Date of Purchase : _____
15. Actual Retail Price Paid for the Vehicle : Vatu : N/A _____
Or
Assessed Market Value of the Vehicle : Vatu : N/A _____

Date: _____ (Signatures of Application/Owner) _____

I certify that the above particulars are true and correct

Office use Only.

Registration Fee Paid : Vt _____ Receipt Number : _____

Road Tax Fee Paid : Vt _____ Receipt Date : _____

TOTAL : Vt _____ Sticker No. : _____

ADDITIONAL INFORMATION:

16. Personal Number Request (additional fees apply): _____

17. Other Special Requirements : _____
