



Choice Numbers
APPLICATION FOR THE RE-ALLOCATION OF
SPECIFIC / SYSTEM LICENCE NUMBER

I/We, hereby make application on

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 for the re-allocation of Specific Licence Number
 previously allocated to register no
to myself/ourselves.

Current Owner

Name/Company Name:

Has the Licence Number been purchased?

Residential Address:

Yes	No
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If no, please attach a copy of the registration certificate of new motor vehicle, and submit with the required admin fee to the Choice Numbers Section.

Identification Number:

Contact Details

Telephone Number:

CODE	<input type="text"/>
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Cell Number:

CODE	<input type="text"/>
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Facsimile Number:

CODE	<input type="text"/>
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e-mail address:

Dealers Details (if applicable)

Name

Telephone Number

CODE	<input type="text"/>
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Facsimile Number

CODE	<input type="text"/>
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All Choice Number requests can be forwarded Monday to Friday 7:30am to 4:00pm.

MOTOR TRANSPORT SERVICES DIRECTORATE