



APPLICATION TO RESERVE A PERSONALISED LICENCE NUMBER

Name/Company Name:

Residential Address:

ID Number/ Traffic Reg
Number/ Business Number:

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Contact Details

Telephone Number:

e-mail address:

**SPECIFIC LICENCE NUMBER
TO BE REPLACED**

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PLN 1st Choice

							-	Z	N
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PLN 2nd Choice

							-	Z	N
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PLN 3rd Choice

							-	Z	N
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Date:

Y	Y	Y	Y	M	M	D	D
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NB: PLEASE MAKE SURE THAT THE PROVINCIAL PERSONALISED LICENCE NUMBER IS APPLIED FOR IN THE NAME OF THE REGISTERED OWNER OF THE MOTOR VEHICLE. FURTHERMORE, WHEN INDICATING YOUR CHOSEN PERSONALIZED LICENCE NUMBER CLEARLY INDICATE THE NUMERIC FROM THE ALPHAS.

PLEASE NOTE THAT A COPY OF AN OPERATING LICENCE MUST ACCOMPANY AN APPLICATION FOR A PROVINCIAL PERSONALISED LICENCE NUMBER FOR THE PUBLIC PASSENGER CARRYING VEHICLES (TAXIS).