

APPLICATION FOR THE RENEWAL OF AN APPROVED SALESMAN

In accordance with the requirements of the Motor Vehicle Dealers Act 1986 (Section 62)

Name of Approved Sal	lesman:
Date of Birth:	
Occupation:	
Residential Address:	
Contact: (Phone)	(Fax) (Email)
Name of Company:	
Address of Principal Place of Business:	
Subsidiary Place of Business:	
Island:	
Contact: (Phone)	(Fax) (Email)
Signature of Applicant	:: Date:
Signature of Applicant	. Date.
OFFICE USE ONLY:	
APPLICATION NO:	
FEE PAID:	\$ RECEIPT NO:
CERTIFICATE NO:	DATE ISSUED: