

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) : _____

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 : _____
