

APPLICATION FOR CUSTOMS UNION PERMIT									
Identity number / register nr of body*									
PART A									
Trade name									
Surname / Name of body*									
Initials and first names									
Type of business	One man Buss. Partnership Priv Co. Public Co. Close Corp. Other								
Postal address									
Street address									
(If different from above)									
Telephone during day / contact person									
Facsimile number									
Address where official documust be served	Postal address Street address								
PART B									
Type of transport									
1 REGULAR IN	NTERNATIONAL PASSENGER SERVICE 2 OCCASIONAL INTERNATIONAL PASSENGER SERVICE								
3 INTERNATIO	ONAL TOURIST SERVICE 4 GOODS TRANSPORT								
Number of journeys									
Required for period starting 19 Y M D									
Country of origin	Y M D								
Transit country (if applicabl	ole)								
Country of destination									
Service frequency	Daily Bi-weekly Fortnightly Monthly Other (specify)								
DECLARATION BY CARRIER / REPRESENTATIVE									

				DARTC					
				PART C					
Route description * Supply key town / city names * Name the border post				Town / City					
			Departure Point	10wii / City					
Intermediate Points (Maximum of four)									
intermediate Points (Maximum of four)									
					=110				
Border Post									
Intermediate Points (Maximum of four)									
		Е	Destination Point						
				PART D			10		
Attach multiples of this form in	the event of an ap	pplication fo	or more than 1 veh	ricle for the same route /p	ermit particulars.				
Make									
Year of manufacture									
Maximum number of passengers (If applicable)									
Tare									
Gross vehicle mass									
Registration number									
Chassis number									
Type of vehicle	Minibus max 15	5 seats	Bus	Rigid Vehicle	Truck Tractor	Abnormal	Other (specify)		
Expiry date of certificate of fi	tness		19 Y						
Certificate of fitness number			1	M D					
Consultation procedure (Official use only)									
COMMENT ON APPLICATION	N (1 ST competent	t authority)	-						
DATE DISPATCHED TO SEC	COND					Dispatched by :			
COMPETENT AUTHORITY	, O. I. B				,	Dispatched by .			
COMMENT ON APPLICATIO									
DATE RECEIVED									

DATE DISPATCHED TO FIRST COMPETENT AUTHORITY

Dispatched by : _____