

Fuel Type

Diesel

This number is issued by the Games Organizing Committee (GOC) that applicants can use as a reference for their application

Registration Number		
Date		
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	approxition.		
VEH	ICLE OWNER'S NAME		
First	Name Last Name		
	Please state name of the owner on the Vehicle Certificate		
Ema	il: Phone		
VEH	IICLE REGISTRATION TYPE		
Please indicate below which category of registration applies			
	Private Public Public Please indicate expected date of registration of vehicle (if applicable)		
If re	gistered as Private Vehicle. Submit with the following documents		
	Certificate of Registration & Ownership		
	Ministry of Infrastructure & Development Vehicle Inspection Certificate		
	Ministry of Infrastructure & Development Vehicle Inspection Report		
	Certificate of Insurance - Compulsory Third Party		
	Copy of Vehicle Licence (IRD)		
If reg	gistered as Public Vehicle. Submit with the following documents		
	Certificate of Registration & Ownership		
	Ministry of Infrastructure & Development Vehicle Inspection Certificate		
	Ministry of Infrastructure & Development Vehicle Inspection Report		
	Certificate of Insurance - Compulsory Third Party		
	Copy of Vehicle Licence (IRD) E · CELEBRATE · UNITE		
	TIN Number		
	Honiara City Council Licence		
	Guadalcanal Provincial Licence		
Vehic	le Details		
Vehicle Registration Number (Licence Plate)			
Make	Model Year of Make		

Petrol



Type of Vehicle - One Form is to be filled for each vehicle

Bus 15 seater 30 seater
SUV Example: RAV4, Prado, Pajero etc
Sedan Example: Caldina, Corolla etc
Hilux
Land Cruiser
Truck 2 Ton 3 Ton 5Ton
Others (Including Heavy Equipment Vehicle). Please specify Vehicle Type:
Garaged Address of Vehicle
State location of where vehicle is garaged daily:
Number of seats (Excluding Driver):
Availability (Indicate days vehicle will be available)
Mon Tues Wed Thu Fri Sat Sun All
Are you interested in having your vehicle converted for transport of people with disability?
Yes No S O L CALLO HIS IS A N D S
Will you be providing a driver? Yes No Registration Form
I verify all the information given above is true to the best of my knowledge
Sign: Date:
OFFICE USE ONLY
Checked By:
Sign: Date: