

ROYAL SOLOMON ISLANDS POLICE FORCE

P.F. 67(A)

Kukum Police Traffic Centre
Central Province

.....day of.....200....

CRB/SRB/EF NO:.....
(Delete Prefix NOT APPLICABLE)

STATEMENT

Name:.....Age:.....Years.....

Address:
.....

Occupation:

Native of:

States: I hereby certify that these are the real and true records of Motor Vehicle

Registration No:..... Taxi/P, Car/Pick-up, Mini bus,

Owned by:.....

C/-

Vehicle Licence No:(Certified of Insurance)

Date Issued:No:

Date Expired:Date Issued:

Class of Vehicle:Date Expired:

Agent:

PARTICULARS OF DRIVERS LICENCE

Drivers Licence No:

Date Issued:

Date Expired:

Classes Endorsed:

Owner, Mr/Mrs/Miss:

C/-

Signature:

Vehicle Licensing Officer

Central