



Complete this form when you register each vehicle.

Plate range from to

Dealer number (if applicable) Participants name

Service Centre name

| Registration plate number | Date of registration | Registered operators name and address |
|---------------------------|----------------------|---------------------------------------|
| (1) | | |
| (2) | | |
| (3) | | |
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| (18) | | |
| (19) | | |
| (20) | | |
| (21) | | |

Note: Complete this schedule and return it to the Service Centre when you need new plates.

Continued next page

| Registration plate number | Date of registration | Registered operators name and address |
|---------------------------|----------------------|---------------------------------------|
| (22) | | |
| (23) | | |
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