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G.P.E.S.

RMT/Cross Border/1

ZIMBABWE

APPLICATION FOR A CROSS BORDER ROAD SERVICE PERMIT

TO:
The Commissioner of Road Motor Transportation
P.O. Box CY 1331
Causeway

FOR OFFICIAL USE ONLY

Reference No.: .....

Application No.: .....

Licence No.: .....

PARTICULARS OF APPLICANT

Trade Name . . . . . : .....

Identity Number/
Business Register No. of Body: . : .....

Surname/Name of Body . . . : .....

Initials and First Names
(*Not more than 3*) (*If applicable*) : .....

Type of Business

One-man business	Partnership	Priv. Co.	Public.	Close Corp.	Other
1	2	3	4	5	6

Postal Address . . . . . : .....

Postal Code . . . . . : .....

Street Address . . . . . : .....
(*If different from postal address)*

.....

Telephone Number (during day) : .....

Contact Person . . . . . : .....

Address where official correspondence must be served:

Postal Address	Street Address

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DECLARATION BY APPLICANT

I, the carrier/representative declare that all the particulars furnished by me in this form are true and correct.

Signature . . . . . : .....

Date . . . . . :

YY	MM	DD
20		

Place . . . . . : .....

CHAIRMAN/MANAGING DIRECTOR/SENIOR PARTNER (IRO BODY OF PERSONS)

Identity Number . . . . : .....

Type of Identity Document :

Passport	ID-doc.	Foreign ID	Other

Initials and First Names . : .....

PARTICULARS OF PERMIT

Permit Type . . . . . :

3 months	12 months	Other

No. of Journeys. . . . . : .....

Required for Period Starting : .....

Country of Origin . . . . : .....

Departure Point . . . . : .....

Transit Country . . . . : .....

Country of Destination . . : .....

Town/City of Destination . : .....

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DECLARATION BY APPLICANT

I, the carrier/representative declare that all the particulars furnished by me in this form are true and correct.

Signature . . . . . : .....

Date . . . . . :

YY	MM	DD
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Place . . . . . : .....

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PARTICULARS OF PERMIT

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No. of Journeys. . . . . : .....

Required for Period Starting : .....

Country of Origin . . . . . : .....

Departure Point . . . . . : .....

Transit Country . . . . . : .....

Country of Destination . . : .....

Town/City of Destination . : .....

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PARTICULARS OF VEHICLE(S)

Make . . . . . : .....

Tare . . . . . : .....

Gross Vehicle Mass . . . . : .....

Registration Number . . . : .....

Chassis Number . . . . . : .....

Expiry Date of Certificate of Fitness . . . . . : .....

Certificate of Fitness Number : .....

FOR OFFICIAL USE ONLY

Fees paid . . . . . : $ .....

Serial Number of Receipt . :

Date of Data Entry:

YY	MM	DD
20		

Date of Dispatch/Collection:

YY	MM	DD
20		

CONSULTATION PROCEDURE

Comment on application (Zimbabwe) . . . . : .....

Date Dispatched to Second Competent Authority :

YY	MM	DD
20		

Comment on Application . . . . . : .....

.....

.....

Date Received . . . . . :

YY	MM	DD
20		

Date Dispatched . . . . . :

YY	MM	DD
20		

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