FORM 20

مجمع الصناعات الوطنية
National Industries Park

APPLICATION FOR COMMERCIAL VEHICLE(S)

Company Name: _____

P.O. Box: _____ Tel No: _____ Fax No: _____

Lease Type: _____

License Type: _____ Lic No: _____ Expiry Date: _____

Facility / Location: _____

Company Acitivity _____

_____

_____

_____

Type of Vechicle Required:

1 _____

2 _____

Details od Existing Vechicle:

Normal Vehicle: _____

Commercial Vehicle: _____

Commercial Number Plate: _____

Police File ID.No. _____

Name _____ Sign _____ Date _____

For NIP Use Only

Out Standing Checked By _____ Lease & License _____

Checked By _____ Traffic Affairs _____

General Comment _____

_____

Approved By _____

_____

NIP Administration Manager

DATE _____

Requirements:

1 . Clearance from NIP Department.

2 .Undertaking letter in Co. letterhead stating that this vechicle onlt for Company purpose.