



APPLICATION FOR EXPIRY MONTH CHANGE

MV owner #: _____

I, _____ of _____
NAME OF OWNER TRADE OR COMPANY NAME AND BUSINESS NUMBER

hereby make application to have my designated month of _____

changed to _____ for financial considerations. I acknowledge

my commercial registration will be a minimum of six (6) continuous months, there will be no refund within that period

and this is a ONE TIME application ONLY.

Signature of registered company official or legal entity: _____

Date: YYYY/MM/DD

APPROVED BY:

Signature of the Deputy Registrar, Motor Vehicles: _____

Date: YYYY/MM/DD