

APPLICATION FOR CHANGE OF VEHICLE PARTICULARS (CVP)

1.1 To be completed by *Applicant requesting for CVP*

Date:	Vehicle No:
<input type="checkbox"/> Install <input type="checkbox"/> Convert <input type="checkbox"/> Others	
Type of Change:	
Please indicate below, whichever applicable	
<input type="checkbox"/> Name of Registered Owner:	
NRIC/FIN of Registered Owner:	
<input type="checkbox"/> Name of Registered Company:	
Company UEN:	

1.2 **Authorisation, if applicable** – To be completed by *Registered Owner/Company*

I hereby authorise the following person/company to present the above-mentioned vehicle for inspection at any LTA-authorised inspection centre on my behalf:

<input type="checkbox"/> Name and Designation of Authorised Person:
NRIC/FIN of Authorised Person:
<input type="checkbox"/> Name of Authorised Company:
Company UEN:

1.3 **Declaration**

I have selected the relevant radio button(s) and filled up all the relevant details in this form.

I declare that all information as provided in this form above is true and there is no misrepresentation of information.

Signature
(Registered Owner/Company)