

FEE: \$2300.00 (15% - Vat inclusive)

REFUNDABLE IF UNSUCCESSFUL

FORM NO. 1

APPLICATION FOR MOTOR VEHICLE DEALERS LICENCE

(A) BY AN INDIVIDUAL (B) BY A COMPANY.

TO THE LICENSING AUTHORITY, RAROTONGA, COOK ISLANDS.

FULL NAME OF COMPANY OR INDIVIDUAL

I,
RESIDENTIAL ADDRESS

OCCUPATION BEING OF OR OVER THE
AGE OF 21 YEARS HEREBY APPLY FOR A LICENCE TO CARRY ON A
BUSINESS AS A MOTOR VEHICLE DEALER AT THE FOLLOWING
ADDRESSES.

a MY PRINCIPAL ADDRESS FOR BUSINESS WILL BE AT:

.....

b MY SUBSIDIARY PLACE OF BUSINESS WILL BE AT:

.....

AND I ALSO STATE AS FOLLOWS.

- (1) THAT I INTEND TO APPLY FOR THE NECESSARY LICENCE TO CONDUCT
BUSINESS AS A MOTOR VEHICLE DEALER AT THE FOLLOWING BRANCH
OFFICE (S) AND SUBSIDIARY PLACE (S) OF BUSINESS.

BRANCH OFFICES

SUBSIDIARY OFFICE

.....

- (2) THAT I INTEND TO CARRY ON BUSINESS ON MY OWN ACCOUNT OR IN
PARTNERSHIP WITH THE FOLLOWING PERSON(S).
STATE FULL NAME AND RESIDENTIAL ADDRESS OF EACH PROPOSED
PARTNER.

- (3) THAT EACH SUBSIDIARY IS WITHIN 5 KILOMETRES OF THE PRINCIPAL
OFFICE.

DATED AT THIS DAY OF 2020.

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Signature of applicant