



## RECCEE VEHICLE REGISTRATION FORM

Comp No.

1. Name of the Entrant : \_\_\_\_\_

2. Address : \_\_\_\_\_

\_\_\_\_\_ Tele. No \_\_\_\_\_

3. Name of the Driver : \_\_\_\_\_

4. Name of Co-Driver : \_\_\_\_\_

5. Registration No. of Vehicle : \_\_\_\_\_

6. Make / Model of Vehicle : \_\_\_\_\_

7. Colour of Vehicle : \_\_\_\_\_

8. Insurance Company Name : \_\_\_\_\_

9. Insurance Validity From : \_\_\_\_\_ To : \_\_\_\_\_

Signature of the Driver

Signature of the Co-Driver

Remarks: