

PARTICULARS TO BE GIVEN BY APPLICANT FOR ISSUE OF  
LEARNER'S PERMIT

The Motor Vehicles and Road Traffic Ordinance-1940

1. FULL NAME OF APPLICANT .....
2. ADDRESS: - .....
3. State date of birth .....
4. State type of Motor Vehicle in which you intend to learn to drive: -  
.....
5. Signature of Tutor: - .....
6. Are your physique, vision hearing and bodily and mental fitness such as qualify you for the receipt of a Learner's Permit:-  
.....

Signatire of Applicant .....

Date of Application .....

Issued by: -

.....  
For Licensing Authority

Date: .....

