FORM 9

Form of application for the renewal of driving license [See Rule 18(1)]

Date	:	Na	me :
D /		N.	Signature of thumb impression of applicant
I decl	lare to t	the best of my knowledge and belief that the	e particulars given above are true.
		Medical Fitness Certificate.	
			riving license. My license has not been revoked.
		of license has not been refused by any Lice	•
		2 2	date of expiry, full reasons for delay :
If the	license	e is not attached, reasons why it is not availa	able? :
If this	s addre	ss is not entered on the license I, do/ do not	wish that it should be so entered.
		Number and date of renewal	:
		license was last renewed	
	d)	Licensing Authority by whom the	I=
	,	was issued	
	c)	Licensing Authority by whom license	1
	a) b)	Number Date of issue	::::::::::::::::::::::::::::::::