

VEHICLE RELOCATING FORM

BOOKING NAME : _____

BOOKING CONTACT NO : _____

BOOKING EMAIL : _____

VEHICLE BRAND : _____

VEHICLE MODEL AND CC : _____

VEHICLE REGISTRATION NO : _____

VEHICLE PLATE NO : _____

LOCATION TO SUBMIT : _____

CAR OWER NAME : _____

CAR OWER CONTACT NO : _____

LOCATION TO DELIVER : _____

CAR DELIVERY NAME : _____

CAR DELIVERY CONTACT NO : _____

VEHICLE DELIVERY ADDRESS : _____

FILE ATTACH (TICK ON BELOW):

CAR OWNER IC (FRONT)

CAR OWNER IC (BACK)

BANK CONSENT LETTER

RECIEVER IC (FRONT AND BACK)

CAR REGISTRATION CARD (FRONT)

CAR REGISTRATION CARD (BACK)

I DECLARE THE INFORMATION ON THIS INVOICE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

CHOP/SIGN BY SENDER
DATE: