

INLAND REVENUE DEPARTMENT

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Inland Revenue Department
Kingstown
St.Vincent and the Grenadines

CHANGE OF OWNERSHIP OF MOTOR VEHICLES

To the Licensing Authority,
Kingstown

Sir,

I have to inform you that I have _____ my Motor Vehicle No.

to _____ of

on _____ and will be grateful if my name be deleted from your register.

Signature:

Date:

Witness:

Date:

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