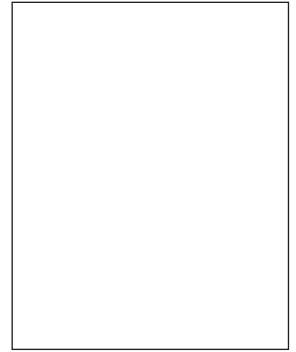


NATIONAL TRANSPORT AUTHORITY

APPLICATION FOR THE ISSUE OF A STUDENT BUS PASS FOR FULL-TIME STUDENTS



(Please Complete All Sections)

FULL NAME AND ADDRESS OF APPLICANT

TITLE MR MRS (Please the appropriate box)

SURNAME
(as per birth certificate)

OTHER NAMES
(as per birth certificate)

PERMANENT ADDRESS

DATE OF BIRTH AGE YRS NOTE

SIC NUMBER CTI

CURRENT STUDENT NEW STUDENT

I, _____, declare that to the best of my knowledge and belief
(Full name of applicant in BLOCK LETTERS)

the particulars given and the declaration made above are true and correct.

DATE: _____

SIGNATURE: _____