

AUTOMOBILE ASSOCIATION OF SOUTHERN INDIA

187 ANNA SALAI, POST BOX NO.729, CHENNAI-600006

MEMBERSHIP NUMBER: _____

APPLICATION FORM

For the

CARNET DE PASSAGES EN DOUANE (CPD)

FULLNAME: _____

Permanent home address: _____

Business address: _____

Telephone numbers: Home _____ Business _____

Cell No. _____

Occupation: _____ Date of Birth _____

Nationality: _____

Passport Number: _____ Place & Date of Issue: _____

List of countries to be visited: 1) _____ Duration of stay: _____

2) _____ 3) _____ 4) _____

5) _____ 6) _____ 7) _____

Reason for travel(tourism, business, study, etc.) _____

DESCRIPTION OF VEHICLE

The following vehicle particulars must be correctly given or delay at foreign borders may occur!

Registered in (country): _____

Registration no. (licence plate no.): _____

Year of manufacture: _____

Net weight of vehicle (kg): _____

Value of vehicle: _____

Chassis No.: _____

Make: _____

Engine No.: _____

Make: _____

No. of cylinders: _____

Horsepower (or cc): _____

Type of vehicle (car, motorcycle, truck, trailer...): _____

Colour: _____

Upholstery: _____

No. of seats or carrying capacity: _____

Radio: _____

Spare tyres: _____

Other equipment: _____

Date: _____ SIGNATURE OF APPLICANT _____

FOR OFFICE USE ONLY

CPDNo: _____

Date of issue: _____ Date of Expiry: _____

Security deposit amount: _____ Type (cash, bank guarantee..) _____