



ROAD TRAFFIC DEPARTMENT DRIVER INFORMATION

DRIVERS LICENCE NUMBER _____

ISSUE DATE _____ EXPIRY DATE _____

LAST NAME _____ FIRST NAME _____

MIDDLE NAME _____

DATE OF BIRTH _____

P. O. BOX _____ STREET ADDRESS _____

SUBDIVISION _____ HOUSE NUMBER _____

TELEPHONE _____ (Work) _____ (Home)

MALE FEMALE HEIGHT _____ NATIONALITY _____

HAIR _____ EYES _____

NATIONAL INSURANCE NUMBER _____

PASSPORT NO _____ EXPIRATION DATE _____