

Form "P"
Application to Pay Taxes of Non AJK Vehicle in AJK

To

The Excise & Taxation Officer _____
Motor Registration Authority.
Azad Jammu & Kashmir.

I/We _____ S/O, D/O, W/O, Organization _____
request you to please permit me to pay taxes of Non AJK Vehicles in AJK with
Registration number _____ and other details provided as under:

(A)

Type of Applicant (Tick \checkmark the relevant box)	
1. Individual <input type="checkbox"/>	2. Organization <input type="checkbox"/>

(B)

Applicant Information (incase of Individual)	
Individual Name:	
<input type="text"/>	
Father / Husband Name:	
<input type="text"/>	
National Identity Card Number:	National Tax Number:
<input type="text"/>	<input type="text"/>
Permanent Address:	Address of Present Address:
<input type="text"/>	<input type="text"/>

(C)

Applicant Information (incase of rganization)	
Organization Name:	
<input type="text"/>	
National Tax Humber:	
<input type="text"/>	
Organization Type:	Existing Vehicle Registration Number
<input type="text"/>	<input type="text"/>
Permanent Address	
<input type="text"/>	

(D)

(E)

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(F)

Vehicle General Information

Engine No.	<input type="text"/>	Body Type	<input type="text"/>
Chassis No.	<input type="text"/>	Vehicle Colour	<input type="text"/>
Maker Name	<input type="text"/>	Classification	LTV <input type="checkbox"/> HTV <input type="checkbox"/>
Model Descp.	<input type="text"/>	Year of Manufacture	<input type="text"/>
Manufacturing Type	<input type="text"/>	Seating Capacity	<input type="text"/>
Engine Capacity / Size	<input type="text"/>	Horse Power	<input type="text"/>
Number of Cylinders.	<input type="text"/>	Environment Friendly Class	<input type="text"/>

Vehicle Other Information.

Un-Laden Weight.	<input type="text"/>	Wheel Base.	<input type="text"/>
Registered Laden Weight.	<input type="text"/>	Height of Vehicle.	<input type="text"/>
Length of Vehicle.	<input type="text"/>	Width of Vehicle.	<input type="text"/>
Towing Load with Brake.	<input type="text"/>	Standing Noise Level.	<input type="text"/>
Towing Load without Brake.	<input type="text"/>	Driving Noise Level.	<input type="text"/>

Engine & Fuel Information (Tick \checkmark the relevant box).

Engine Type.	Petrol. <input type="checkbox"/>	Diesel. <input type="checkbox"/>	CNG. <input type="checkbox"/>	LPG. <input type="checkbox"/>
Fuel Type.	Petrol. <input type="checkbox"/>	Diesel. <input type="checkbox"/>	CNG. <input type="checkbox"/>	LPG. <input type="checkbox"/>
Tank Size.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Axle & Tyres Information.

Axle	Font Axle.	Middle Axle.	Rear Axle.	Other Axle.
Number of Axle.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Axle Weight.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Size of Tyres.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

_____ Dated.

_____ Applicant Signature.

Applicant Name (in block letters) _____

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For Official Use

Dated.

Motor Registration Authority.