SUVA CITY COUNCIL  
MINIBUS APPLICATION/TRANSFER FORM

1. Name of Applicant: (Mr/Mrs/Ms) ________________________________________________  
   F/N: ____________________________________________________________________________

2. Residential Address: __________________________________________________________________________
   Postal Address: __________________________________________________________________________
   Phone No.: ____________________________________________________________________________

3. Do you own a Min Bus: YES/NO ___________________  
   If Yes: Regd. No. __________ Model: __________ No. of Passengers ________________

4. Name of Employer: (state if self-employed) _____________________________________________
   Name of Wife/Husband: __________________________________________________________________
   Employer of Spouse: ______________________________________________________________________

5. Do you pay business licence? YES/NO ________  

6. Do you already operate a mini bus? YES/NO ________

7. Do you own property in city and pay city rates: YES/NO ________  
   If Yes, Assessment No. ________________________________ (attach copy of recent rates notice)

8. Do you currently hold a Mini Bus base? YES/NO ________ (if yes state Mini Bus base(s), location and numbers operating)

<table>
<thead>
<tr>
<th>NAME OF MINI BUS BASE</th>
<th>NUMBER OF MINIBUS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. Were you ever convicted of illegally operating from Parking Meters or from Council’s Mini Bus Bases or from other Council’s unauthorized places? YES/NO ____________

If Yes, state number of times and nature of offences _________________________________________________

________________________________________________________________________________

REQUIREMENTS:
I. 1 Passport size photo with name written at the back & signed by applicant
II. ID – (Certified copy of Passport, Driving License or FNPF)
III. Recent Water bill or Electricity bill
IV. Current Third Party Policy
V. Copy of Permit
VI. Consent letter – (Transfer of ownership)
VII. Release letter – (Transfer from other municipality)
VIII. Others as requested, to support the application – (Family Transfer or Transfer by Death)

10. NOTE: Incomplete applications and applications without relevant attachments will not be considered. Where an application is in the name of a Company insert Common Seal of the company.

11. DECLARATIONS:

I certify that all the information contained and described in 1 to 10 above are TRUE and CORRECT and have no objection to having the information verified with the Licensing Authority, Police Department or any other organisation.

I AM AWARE THAT ANY FALSE INFORMATION WILL RENDER THIS APPLICATION INVALID.

_______________________________________  ______________________________
SIGNATURE OF APPLICANT              DATE

_______________________________________  ______________________________
WITNESS (Print Name & Sign)            DATE

FOR OFFICE USE ONLY

Rate Payer

Parking Meter Due

Business License Due

Mini Bus Owner/Driver

Routes – City/Town/ Rural

Permit

Recommendation