



ST. CHRISTOPHER AND NEVIS

MINISTRY OF FINANCE

P. O. BOX 186
FINANCE BUILDING
GOLDEN ROCK
ST. KITTS W.I.

**APPLICATION BY PASSENGER BUS OWNERS B
FOR A DUTY FREE BUS**

(1) Name of Owner: _____

(2) Address: _____

(3) Telephone Number (s): _____

(4) How long have you been a Passenger Bus Owner? _____

Kindly state your Bus Registration number. _____

(5) Are you a member of a Bus Association? _____

If yes, state the name of the Association. _____

(6) Have you ever been granted concession? _____

If yes, state the date on which the last concession was granted: _____

(7) State the particular of the Bus you wish to purchase:

Type and Model _____ Duty-Paid Price _____

Engine Size _____ Duty-Free Price _____

Chassis Number _____

Seating Capacity _____

(8) I declare that the above information is correct. _____ Date: _____

Signature of Owner

The _____ Bus Association supports the application.

Authorizing Officer _____ Authorizing Officer _____

Signature _____ Signature _____

Position _____ Position _____

Date _____ Date _____

For Official Use Only

Approved [] _____

Not Approved [] _____

Financial Secretary

Date