

VEH 17	Transport Malta Land Transport Directorate	 Transport Malta
APPLICATION FORM TO CHANGE A VEHICLE'S CABIN	Telephone: (00356) 2556 0000/8007 2393 Website: www.transport.gov.mt	

A. VEHICLE DETAILS

Vehicle Registration No:	System No:	Date:
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B. CHANGE OF CABIN (Dealer / Importer / Registered owner of cabin being replaced)

Name and Surname: _____

Address: _____

Signature

Identity Card No.

C. REPLACEMENT OF CABIN (when cabin is removed from another registered vehicle)

I confirm that I removed cabin _____ from my vehicle with Reg No: _____

The cabin make is _____.

Signature

Identity Card No:

For Office Use Only:

Administration Fee – € 10	
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D. INDEMNITY GUARANTEE

I the undersigned, in consideration of the Authority for Transport in Malta not objecting to the change to the above vehicle hereby agree to indemnify and save harmless the Authority for Transport in Malta and all its officers and employees against any and all liability, loss, damages, costs or expense which it or them may ever hereafter incur, suffer or be required to pay by reason of the said change.

I/We hereby declare that the information given is true, complete and correct.

Name: _____

Address: _____

_____ <i>Signature of Registered Owner (Buyer)</i>	_____ <i>Identity Card No.</i>
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