

**TRANSLATION OF INDIAN DRIVING LICENCE
CENTRAL MOTOR VEHICLES RULES, 1998
FORM NO.6
See Rule 16 (1)**

FULL NAME :

WIFE/SON/DAUGHTER :

GENDER :

PERMANENT ADDRESS :
In India

CURRENT ADDRESS :
In South Africa

PLACE & DATE BIRTH :

OCCUPATION :
&COMPANY NAME
(Enclosed business card)

TELEPHONE NO/CELL NO :

EYE SIGHT PRESCRIPTION :

DRIVER'S LICENCE NO :

ISSUED NO :

VALID UP TO :

PLACE OF ISSUE :

Signature of applicant