



JAMAICA URBAN TRANSIT COMPANY LTD

Sub-Franchise Forms: Change of Name to Company

I / We

1 st Applicant	2 nd Applicant
Name:	Name:
Address:	Address:
Telephone:	Telephone:

Wish to change the name on account for

Vehicle	Year Make & Model:	Engine Number:
	Registration Number:	Chassis Number:
Route	Route Number:	Route Name:

From the above applicant/ applicants to the company detailed below

Company Details	
Company Name:	
Company Address:	
Company TRN Number:	Applicant's Interest (Role) in Company:
TCC Number:	TCC Expiration Date:

Original ID, registration certificate, certificate of fitness and, insurance certificate (or cover note) are to be presented upon submission of this form.

[1st Applicant] Sign: _____

Date: _____

[2nd Applicant] Sign: _____

Date: _____

