



OUR TOBACCO OUR ECONOMY

TOBACCO TRANSPORTER REGISTRATION APPLICATION FORM

Official use only

Application No. _____

Date of Submission _____

APPLICATIONS ARE TO BE
HAND DELIVERED TO THE TC
DIVISION OFFICE WHERE THE
APPLICANT IS TO OPERATE

Section 1 Applicant Details and Establishment

A. Name of Applicant _____

B. National ID No. _____

C. Postal Address _____

D. Physical Address _____

E. Phone No. _____

F. Email _____

G. TPIN _____

H. Attachments

(i) Business registration certificate

(ii) Vehicle Ownership Certificate

Signature of applicant _____

Date _____

For official use

Name of TC Official: _____

Signature of TC Official: _____

Date: _____