

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

FULL NAME :

WIFE / SON/DAUGHTER OF :

GENDER :

PERMANENT ADDRESS :
In India

CURRENT ADDRESS :
In South Africa

PLACE & DATE OF BIRTH :

OCCUPATION :
& COMPANY NAME
(ENCLOSE BUSINESS CARD)

TELEPHONE NO/CELL NO :

EYE SIGHT PRESCRIPTION :

DRIVER'S LICENCE NO :

ISSUED ON :

VALID UPTO :

PLACE OF ISSUE :

NOTE: 1) ENCLOSE COPY OF THE DRIVING LICENCE

2) COPY OF PASSPORT FRONT & BACK PAGE