

## APPLICATION FOR LICENSING AS A POSTAL / COURIER SERVICE PROVIDER



## POSTAL AND COURIER SERVICES REGULATORY COMMISSION

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## APPLICATION FORM FOR LICENSING AS A POSTAL / COURIER SERVICE PROVIDER (SINGLE BIKE OPERATOR)

(THE POSTAL AND COURIER SERVICES REGULATORY COMMISSION ACT, 2003 (ACT 649)

1. NAME OF APPLICANT			
2. ADDRESS			
House NumberStreet Name  LocationTown  GPS AddressEmail			
Telephone (1)(2)			
3. GHANA CARD DETAILS			
Ghana Card Number			
Date of Issue Date of Expiry			
4. MOTOR BIKE REGISTERATION DETAILS			
Name of the Owner			
Motor Bike Number			
Type of Motor bike			
Motor Rider's Licence Number (DVLA)			
Tracking Service Provider			
Motor Insurance Provider			
Type of Insurance			
Incurance Number			

5. OPERATIONAL AREAS		
Location		
6. DECLARATION		
true and correct. I also	e information I have provided o understand that it is an offe ces Act 1960, Act 29) to giv ion.	ence under The Penal
Surname	First Name	Middle Name
Signature	/ Thumbprint	
Date		

## **FOR OFFICIAL USE ONLY**

The applicant MEETS/ DOES NOT MEET the Commission's requirements and is hereby RECOMMENDED/ NOT RECOMMENDED for approval of icensing as a				
The reaso	ons for not recommending the applicant are as follows:-			
	Designation			
Signature	Date			

Official stamp