

DECLARATION

I (name)

Address:

Hereby make oath as follows:

I **disposed** of Motor Vehicle

Registration Number _____

Make/Model _____

Colour _____

To(name) : _____

Of _____

I am unable to contact the person to whom I disposed of the vehicle as I have no knowledge of his/her name and address.

Signed: _____

SWORN THE DAY OF 20

At _____

Before me a commissioner for Oaths or Practising Solicitor

COMMISSIONER FOR OATHS/PRACTISING SOLICITOR

Please send completed form to Department of Transport, Change of Ownership,
Shannon, Co.Clare.