## APPLICATION FOR THE VEHICLE PASS / STICKER FOR THE STAFF OF THE UOC

Name of the Applicant :Rev/Prof./D	Or./Mr./Mrs./Miss
Designation:	
i. Whether permanent or not	
ii. If not please mention the d	late of termination of service
Faculty/Department/Branch:	
National Identity Card No.:	
*Please attach a copy of the Staff	ID card. For Temporary & Visiting Staff, please
attach a copy of Letter of Ap	ppointment)
Address:	
Telephone No.:	
Vehicle No.:	
Type of the vehicle (Car/Van etc.):	
Name of the Owner of the Vehicle: (Please attach a copy of the vehicle r	registration book)
<ul> <li>If you are not the owner of the v to use the vehicle.</li> <li>No payment to be made for the s</li> </ul>	vehicle, please submit a formal letter of authorization taff.
e for the safety of the above vehicle dur	y me is true and correct. I do not hold the University ring the hours I park the vehicle inside the University
Date	Signature of Applicant
ommendation of the Dean/Head of the D	Department, DR/SAR of the Faculty:
	Designation:  i. Whether permanent or not ii. If not please mention the of  Faculty/Department/Branch:  National Identity Card No.:  *Please attach a copy of the Staffy attach a copy of Letter of Ap  Address:  Telephone No.:  Vehicle No.:  Type of the vehicle (Car/Van etc.):  Name of the Owner of the Vehicle: (Please attach a copy of the vehicle of the vehicle.  If you are not the owner of the vehicle of the vehicle.  No payment to be made for the set of the safety of the above vehicle durises.  Date  Date