



CGS Vehicle Decal Application Form

Vendor Parent Guardian Others (pls specify) _____

[*Please tick where applicable]

Applicant Particulars

Name : Dr / Mr / Mrs / Ms / Madam _____
(*Please circle where applicable)

NRIC / Passport No. : _____

Home Address : _____

Home No. : _____

Office No. : _____

Mobile No. : _____

Vehicle Particulars

Car Plate No. : _____ Model : _____

Car Plate No. : _____ Model : _____

For Parent / Guardian, please indicate student particulars.

Student Name
(as per class register) : _____ Class : _____

Signature

Date _____

P.S. : Payment of \$2 per label to be attached