

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA
FELLOWS' CAR PLATE NUMBER ALLOCATION/REGISTRATION FORM

Please complete this form in triplicate

NAME: (Surname first)

MAIDEN NAME: (WHERE APPLICABLE)

SPOUSE/NEXT OF KIN:.....

CONTACT ADDRESS:.....

PHONE NO:..... E-MAIL.....

FACULTY:.....YEAR OF GRADUATION.....

FELLOW'S NO:.....

MAKE OF CAR:.....

MODEL OF CAR:.....

CHASIS NO:.....

ENGINE NO:.....

REGISTRATION NO (REGULAR).....

DATE OF PAYMENT:.....BANK NAME:.....

TELLER NO:.....RECEIPT NO:.....

(Please attach original teller)

AMOUNT PAID:.....FELLOW'S SIGNATURE:.....

FELLOW'S ALLOCATED NO PLATE:.....

.....
ISSUING OFFICER

.....
COLLEGE REGISTRAR

NB: (1) A registration fee of thirty thousand naira (~~₦~~30,000.00.00) only should be paid into the College Bank Account No. **0014338514** at GTB Bank Plc Idi-Araba, Lagos **OR** Acct. No. **0007375160** at Union Bank Plc. Idi-Araba, Lagos.

(ii) This Number is personal and transferable to another car of yours. Please kindly inform the College if you intend to change your car or dispose of it in order to enable proper record/documentation.