

**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-----COLOUR-----

MODEL OF CAR-----YEAR OF MANUFACTURE-----

CHASIS NO:-----

ENGINE NO:-----ENGINE CAPACITY-----

REGISTRATION NO (REGULAR)-----

DATE OF PAYMENT:-----BANK NAME-----

TELLER NO-----RECIPT NO:-----

(Please attach original teller)

AMOUNT PAID:-----FELLOW'S SIGNATURE-----

FELLOW'S ALLOCATED NO PLATE:-----

(For Official Use)

ISSUING OFFICER

COLLEGE REGISTRAR

NOTE: (1) A registration fee of Sixty thousand naira( ₦60,000) only should be transferred into the College Bank Account Nos : 0014338514 at GTBank plc Idi-Araba, OR Account NOs: 0007375160 at Union Bank PLC, Idi-Araba, Lagos.(11) This Number is Personal, kindly inform the College if you intend to change your car or dispose of it in order to enable proper record/documentation.(Pls attach photo copy of the Car Particulars)