Application for an International Driving Permit

The Secretary, The Automobile Association of Bangladesh

3B, Outer Circular Road, Maghbazar, Dhaka-1217 Opposite of Agora Shopping Center

Mobile: 01711-819958, 01611-819959

01979-299786

Office: 9361054, 9341342

Office Time: 10.30 am - 3:30 pm



| Dear Sir, | Door | Si- | | |
|--|--|---|------------------------------|--|
| Licence No. | | I wish to apply for an International Driving Permit. I enclose herewith in origin | nal valid Bangladesh Driving | |
| Declaration as to physical Ethness of Applicant's signature The application is required to answer "Yes or No" in the space provided opposite to each question. (a) Do you suffer from epilepsy or from sudden attack of disabling giddiness of fainting? (b) Are you able to distinguish the pigmentary colour red and green? (c) Have you suffer from any other disease or disability likely to cause your driving of a (d) Can you readily distinguish the pigmentary colour red and green? (e) Do you suffer from any other disease or disability likely to cause your driving of a | Licence No | | | |
| Dhaka District, photocopy of attested local driving licence by the B.R.T.A. and Photocopy of passport data page with a sum of Taka 2500/= (Two thousand five hundred) only. The physical fitness declaration form on reverse has been completed. I confirm that fee authority will not be responsible, if the delivery of licence is not taken within one month. IDP No | | | | |
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| 1. NAME IN FULL 2. PLACE OF BIRTH (Only District) 3. DATE OF BIRTH 4. ADDRESS (in short) 5. BLOOD GROUP. 6. OCCUPATION. 7. PASSPORT NO. 8. PHONE : OFFICE: MOBILE: Yours faithfully DECLARATION AS TO PHYSICAL FITNESS OF APPLICATION The application is required to answer "Yes or No" in the space provided opposite to each question. (a) Do you suffer from epilepsy or from sudden attack of disabling giddiness of fainting? Yes / No Are you able to distinguish with each eye at a distance of 25 yards in good day-light (with glasses, if worn) a motor car number plate containing seven letters and figures? Yes / No Have you lost either hand or foot and or are you suffering from any defect in movement control of muscular power of either arm or leg? Yes / No (d) Can you readily distinguish the pigmentary colour red and green? Yes / No (e) Do you suffer from night blindness? Yes / No (g) Do you suffer from any other disease or disability likely to cause your driving of a | | I confirm that fee authority will not be responsible, if the delivery of licence is r | not taken within one month. | |
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| 7. PASSPORT NO | 5. B | | | |
| 8. PHONE : OFFICE : | | | | |
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| (g) Do you suffer from any other disease or disability likely to cause your driving of a | | | | |
| | | | | |
| motor vehicle to be source of danger to the public? | (g) | | □ Vec / No □ | |
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Secretary/Asstt. Secretary



