



MOTOR VEHICLE BILL OF SALE

BLOCKS "A" AND "B" MUST BE COMPLETED IN ORDER TO RENDER THIS BILL OF SALE ACCEPTABLE FOR VEHICLE REGISTRATION. BLOCK "C" IS OPTIONAL

A. THIS IS TO CERTIFY THAT I, THE SELLER -

NAME: SURNAME		GIVEN NAME(S)		PHONE NO.
ADDRESS:				
NUMBER OR STREET		CITY/TOWN		
PROVINCE/TERRITORY		POSTAL CODE		
PERSONAL IDENTIFICATION - TYPE - (e.g. DRIVER'S LICENCE)				NUMBER
DO HEREBY SELL MY VEHICLE DESCRIBED AS FOLLOWS -				
MAKE	YEAR	SERIES	MODEL	ODOMETER READING KM
VEHICLE IDENTIFICATION NUMBER (VIN)			VEHICLE COLOUR	VEHICLE WEIGHT (GVWR) KG
TYPE OF VEHICLE - ENTER "X"				
<input type="checkbox"/> 2 DR. SEDAN	<input type="checkbox"/> MOTORHOME	<input type="checkbox"/> ALL-TERRAIN VEHICLE	<input type="checkbox"/> STATIONWAGON	
<input type="checkbox"/> 4 DR. SEDAN	<input type="checkbox"/> UTILITY VEHICLE	<input type="checkbox"/> PICK-UP TRUCK	<input type="checkbox"/> VAN	
<input type="checkbox"/> CONVERTIBLE	<input type="checkbox"/> MOPED	<input type="checkbox"/> SNOW VEHICLE	<input type="checkbox"/> BUS	
<input type="checkbox"/> HATCHBACK	<input type="checkbox"/> MOTORCYCLE	<input type="checkbox"/> TRUCK (more than 4,500kg GVWR)	<input type="checkbox"/> TRAILER	
OTHER VEHICLE INFORMATION - ENTER "X"				
<input type="checkbox"/> SALVAGED (include Inspection Report) <input type="checkbox"/> REBUILT (include Inspection Report) <input type="checkbox"/> MECHANICALLY FIT				

B. TO THE FOLLOWING BUYER -

NAME: SURNAME		GIVEN NAME(S)		PHONE NO.
ADDRESS:				
NUMBER OR STREET		CITY/TOWN		
PROVINCE/TERRITORY		POSTAL CODE		
VEHICLE SOLD FOR SUM OF - (SUBJECT TO THE TERMS & CONDITIONS SPECIFIED IN BLOCK "C")				\$
DATE OF SALE -		I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND UNDERSTANDING		
DAY _____ MONTH _____ YEAR _____		SELLER _____		
AT _____		SELLER'S WITNESS _____		
IN THE PROVINCE/TERRITORY OF _____		BUYER _____		
IN THE COUNTRY OF _____		BUYER'S WITNESS _____		

C. SPECIAL CONDITIONS OF SALE - THE VEHICLE DESCRIBED ABOVE IS:

- FREE OF ALL LIENS AND ENCUMBRANCES? NO YES
IF NO, NAME OF LIEN HOLDER IS: _____
- PAID FOR IN FULL? YES NO PAID BY: CASH CHEQUE MONEY ORDER
- PAYMENT TERMS? YES NO IF YES, SPECIFY _____
- WHERE WAS THIS VEHICLE REGISTERED LAST? _____