

HSRP Application Form



Celex Technologies Pvt. Ltd.

Email: info@celex.co.in, Website: www.celex.co.in

Date

Registration Number Make & Model.....

Engine Number Chassis Number

Date of Registration.....

Owner's Name.....

Address.....

Pin..... City..... State.....

Tel (R) Tel (O)

Mobile (Mandatory) Email Id.....

Please enclose copy of Tax Token & Insurance

Dealer / Agents Name
(Optional)

Signature of Owner/Owner's authorized Person

For Office use only
Not to be filled by the applicant.

Date of Fitment

Customer reference number

Operator Signature

Cashier Signature