

Request Form for Change of Vehicle Ownership

To : Cycle & Carriage
Fax : 6476 6228; Email: CustomerAssistanceCentre@cyclecarriage.com.sg

Change of Car Registration Number

Old Car Registration No. : _____ New Car Registration No. : _____

Retention of Car Registration Number

Old Car Registration No. : _____

Old Chassis No. : _____ New Chassis No. : _____

Change of Vehicle Ownership

Car Registration No : _____ Make/Model : _____

Full Name (as per NRIC) : _____

First Name : _____ Last Name : _____ NRIC (last 4 alphanumeric characters. E.g. 123H)* :

Mailing Address : _____

Postal Code : _____

Billing* Address (if different from above) : _____

Postal Code : _____

Mobile Phone : _____ Telephone (H) : _____ Telephone (O): _____

Email Address : _____ Date Of Birth : _____

I consent to the collection, use and disclosure of my personal data by Jardine Cycle & Carriage Limited and its subsidiaries and affiliates ("JCCL"), in accordance with the terms of JCCL's Privacy Statement, which can be found at www.cyclecarriage.com/privacy-statement and hard copies of which are available upon request.

I wish to receive customer surveys and information about promotions, events and products and services ("marketing and promotional information") from JCCL. I consent to the collection, use and disclosure of my personal data for such marketing purposes by JCCL and its agents. I wish to receive such marketing and promotional information by email, telephone calls, SMS, and post.

I understand that notwithstanding the above, marketing and promotional information may be sent to me by push and/or pop-up notifications through JCCL's mobile application(s) should I install the application(s) on my mobile device. I agree that by enabling push and/or pop-up notifications in my device or mobile application settings, I consent to receiving such marketing and promotional information.

My consent above is voluntarily given and I am aware that I may withdraw my consent at any time by sending a notification to Cycle & Carriage at CustomerAssistanceCentre@cyclecarriage.com.sg. I have read and understood the Privacy Statement and been acquainted with my right to access my personal data. I have checked and do confirm that the personal data I have provided is true, complete and accurate.

I confirm that the information given above is correct and complete, and agree to abide by the conditions stated.

Name : _____

Date : _____ Signature : _____

For Official Use Only

Information Received	By	Date
Information Updated	C&C	Fulco
	Date	Date