

ATTESTATION

THE PERSON SIGNING THIS DOCUMENT WILL BE HELD RESPONSIBLE
FOR ANY FALSE DECLARATION

- | | |
|---|--|
| <input type="checkbox"/> Trainee | <input type="checkbox"/> Member of University Delegation |
| <input type="checkbox"/> Professor | <input type="checkbox"/> Lecturer |
| <input type="checkbox"/> Engineer | <input type="checkbox"/> Language Assistant |
| <input type="checkbox"/> Technician | <input type="checkbox"/> Teaching staff |
| <input type="checkbox"/> Other (explain)..... | |

I, the undersigned (2)

Address abroad (3)

Address in France

Certify that I comply with the conditions required to benefit from Special TT registration of my motor vehicle.

FOLLOWING RELEVANT DOCUMENTS HEREWITH:

- | | | |
|-------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> IMD1 | <input type="checkbox"/> IMD2+IMD3 | <input type="checkbox"/> CONTRACT |
|-------------------------------|------------------------------------|-----------------------------------|

I undertake to regularize the customs' position of my motor vehicle, by re-exporting it, or by paying the dues and taxes when one of the conditions stated above, is no longer fulfilled.

I possess a French residence card, in the category:

- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> TEMPORARY (1) | <input type="checkbox"/> ORDINARY (1) | <input type="checkbox"/> SPECIAL (1) |
|--|---------------------------------------|--------------------------------------|

I have not requested a French residence card (1)

Signed at (location)on (date)

.....
(hand written signature of applicant)

Passport number:

Delivered on:

By:

NB: The application will be void in the absence of the applicant's signature

(1) Tick the appropriate box (2) Last name, then First name (3) Must be completed in all cases.