

# MASS DISTANCE CHARGES



**Road Fund Administration**  
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## LOGBOOK ORDER FORM

Current Logbook Serial Number: .....

Vehicle License Number: N.....

Vehicle Register Number: R.....H

### 1. Particulars of Operator

Name																						
Postal Address																						
ID Number																						
Telephone																						
Fax																						
Mobile																						
E-mail																						

### 2. Particulars of Business (if different from above)

Name of Business																						
Business Registration																						
Postal Address																						
Telephone																						
Fax																						
E-mail																						

### 3. Reason for new Logbook

Paid:  Yes  No

Receipt No.: .....

Logbook Full  Logbook Lost/Stolen (Police Case Number .....) )

Logbook Damage  Police Station where case was reported: .....

..... Name ..... Operating Signature ..... Date .....

Address to which Logbook should be dispatched: .....

### FOR OFFICE USE



Serial number of issued logbook: .....

MDC official name: .....

MDC official signature: .....