

Date:

Application for an International Driving Permit (IDP)



AUTOMOBILE ASSOCIATION OF BANGLADESH

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Office Hours: Sunday to Thursday, 09:00 AM - 04:00 PM

I hereby apply for an International Driving Permit (IDP). The requisite information is set out below and the required documents are attached herewith.

1. APPLICANT'S INFORM	IATION (The application shoul	ld be filled	l up in CA	PITAL LET	TERS as per I	3RTA Licer	nce)	
Name:					Title: 🗖 M	r. 🗆 Ms. 🗆	☐ Mrs.	
	Place of							
		Email A	ddress:					
Phone:	Occupation:		NID	Number:				
2. PLACE WILLING TO V	TSIT: City	Coun	try:		Purpose:			
3. LICENCE INFORMATION	ON							
Licence Number:		. Place of	Issue:					
Date of Issue:		. Date of I	Expiry:					
4. PASSPORT INFORMAT	ION							
•								
Date of Issue:		Date	of Expiry:					
5. IDP VEHICLE CLASS: 7	Type of vehicle for which IDP is	s required	(please ticl	k)	□в □с	\Box D	□Е	
6. Service Required: □ Regu	ılar 🗆 Urgent 🗀 Express	☐ Super-	Fast \square A	AB Certific	ate			
7. I wish to apply for AAB M	lembership: \square Yes \square No	I ar	n already a	n AAB Men	nber: 🛘 Yes	□ No		
8. REQUIREMENTS:					আবশ্যক			
(i) The application should be filled up in capital letter as per BRTA Licence. (ii) BRTA Licence photocopy with at least one month validity on the date of application. (if the driving licence is not recognized online, an attestation from BRTA office is required on the licence copy). (iii) NID photocopy. (iv) Passport information page photocopy. (v) Photograph — 2 copy stamp size & 1 copy passport size.						করা সম্ভব না হয়, আরটিএ অফিস থেকে দটোকপি। পি পাসপোর্ট সাইজ) গণ করার দায়ীত্ব		
9. DECLARATION(a) Do you suffer from epilepsy or from sudden attack of disabling giddiness of fainting?(b) Are you able to distinguish with each eye at a distance of 25 yards in good day-light (with glasses, if worn) a motor car number plate containing seven letters and figures?						Yes □	No □	
(c) Have you lost either hand or foot and or are you suffering from any defect in movement control of								
muscular power of either arm or leg? (d) Can you readily distinguish the pigmentary color red and green?								
(e) Do you suffer from night blindness? (f) Do you suffer from a defect of hearing?								
(g) Do you suffer from any other disease or disability likely to cause your driving of a motor vehicle to be						_	_	
source of danger to the pub	lie?							
	☐ Bearer name:							
	n that the above information pro	vided is co	orrect. I un	derstand tha	t the IDP will o	only be issu	ed if	
this application is approved b	y AA Dangiaucsii.	00000	ICE CAN'S					
		OFFICE U				MEMB	ER OF	
Authorised Signature For (AA Bangladesh)	IDP NUMBER / STICKER	Date of Issue		Applicar Date:	nt's Signature			