

**LOYALTY CARD REQUEST FORM**

**Leaf Car Owner Name**



**Mobile**

**Address**

**E-mail**

**Vehicle Description**

**Model**

**Manufacture Year**

**Chassis Number**

**Colure**

**Year of First Registration**

**Registered Number**

**Ownership First Owner** [ ]  **Second Owner** [ ]  **Third Owner** [ ]

Please send this form with your vehicle picture to our email address - a2zautocom@gmail.com

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**a2z AUTO COM(PVT) LTD**