



## STATEMENT OF WAIVER

Name / Company name: .....

Address: .....

Place and date of birth: .....

ID-card number: .....

I hereby waive the ..... type motorway authorization of the motor vehicle having the registration number ..... and I transfer it to

Name / Company name: .....

Address: .....

Place and date of birth: .....

ID-card number: .....

.....  
Transferor

.....  
Recipient

.....  
Witness 1

.....  
Witness 2

Name:

Name:

Address:

Address:

**National Toll Payment Services Plc.**

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ISO 9001: 503/1349(2)-1267(2)  
ISO 14001: KIR/201(2)-177(2)  
ISO 45001: MEBIR/50(2)-46(2)

