



Towards a Better Future

CVA Technology Co. Ltd.
83, Triq L'Ghassara Ta' L-Gheneb, Marsa
Tel: (356) 22064000 Fax: (356) 22064444

CVA Delegation of Authority Form

D2

Delegation of Authority

D2 Form has to be filled for each vehicle.

Section 1. Client Details ("the Owner")

Client Number [] [] [] [] [] [] [] [] (Optional - If Known)

ID Card Number [] [] [] [] [] [] [] [] ID or

Passport No [] [] [] [] [] [] [] [] [] [] [] [] [] [] P

Name _____ Surname _____

Organisation _____ (Commercial Only)

Vehicle Number [] [] [] [] [] [] [] [] [] [] [] [] [] [] VRN ("the Vehicle")

Section 2. Rights to be Delegated to Third Party Below ("the Delegated Rights")

(Please tick if this an [] Update or [] Revocation or [] New Application)

Please tick as appropriate :

- [] View Summary Statement [] View Details [] Pay Bills
[] Communicate Summary Over Phone [] Communicate Details Over Phone
[] View CVA Photos and Other Confidential Information * (To be accompanied by a valid Power of Attorney)

Section 3. Third Party Details ("the Third Party")

Name _____ Surname _____

ID Card Number [] [] [] [] [] [] [] [] ID or Passport No [] [] [] [] [] [] [] [] [] [] [] [] [] [] P

Address _____

Locality _____ Postcode _____

I hereby declare that this form contains full and correct details of my own personal particulars.



Signature of Delegating Authority

Signed By: _____

Data/Date [] [] / [] [] / 20 [] [] <
D D M M Y Y

Please sign this form and return it to CVA Technology Co. Ltd. together with a photocopy of your own and the third party ID card and/or passport clearly showing your photos and signatures for verification purposes. As instructed above you may be required to present this form in person at our offices.

The personal information provided in this registration form will be solely used for the purpose of billing access and parking fees inside the CVA boundary and payment thereof. Certain information may only be disclosed for law enforcement purposes, as provided under Legal Notice 105 of 2007. In terms of the Data Protection Act (Cap.440 of the Laws of Malta), you have the right to access, rectify and where applicable, the right to request deletion of your personal data.

For Office Use Only

[] Non-Driver 3P [] New 3P User _____

Signature Authenticated By _____

Client Number: _____

[] Approved [] Rejected [] Invalid Details

System Form Number: _____

[] No ID or Passport [] Invalid Signature

[] Private Vehicle Owner [] Corporate/Commercial