



# MOTOR VEHICLE TITLE REQUEST FORM

## TIP Members

Member Name \_\_\_\_\_  
First Name Middle Name(s) Last Name Maiden Name (if applicable)

Telephone Number (s) \_\_\_\_\_ Email Address: \_\_\_\_\_

YEAR, MAKE & MODEL of Vehicle \_\_\_\_\_

Chassis Number \_\_\_\_\_

Reason for Title Application:  Motor Vehicle Stolen  Motor Vehicle Crashed  
 Loan Cleared  Other, specify \_\_\_\_\_

Application for:  TITLE COPY  TITLE ORIGINAL

Collection Instructions: \_\_\_\_\_

Member's Signature \_\_\_\_\_ Date (eg. Oct 1, 2020) \_\_\_\_\_

### FOR INTERNAL USE ONLY

Member's TIP Number \_\_\_\_\_ Loan Settlement Date \_\_\_\_\_

Amount Paid to Clear Loan \_\_\_\_\_

Settlement Method:  Direct Transfer  Cash/OTC Payment  
 Insurance Co., specify Co. & payment details: \_\_\_\_\_

Signature & Date – TIP Representative

Signature & Date – Securities Personnel

Signature & Date – Approving Officer (CEO/FC/HR/BOM)