

Regulations 25, Traffic Regulations (2021 Revision)
LIEN NOTIFICATION FORM

This form is to be sent to:

Director
Department of Vehicle & Drivers' Licensing
P.O. Box 1165
Grand Cayman KY1-1102
345-945-8344

Dear Sir/Madam:

Date ____/____/____

For DVDL use only

Bank Code _____

Fee \$ _____

Receipt # _____

Clerk _____

Check # _____

Acc # _____

Date _____

Please note our interest in the vehicle shown below:

VA

Please cancel our interest in the vehicle shown below:

VB

(Please select one of the above as appropriate)

Registration Plate #: _____	VIN _____
Vehicle Make: _____	Vehicle Model: _____
Owner's Full Name: _____	
Name of Bank / Individual: _____	
Date of original notification: ____/____/____	

Yours faithfully

Signature: _____

Owner of Vehicle

Signature: _____

Bank Representative / Individual

Official Bank Stamp

N.B. Lien Form must include a cheque for CI \$25.00