DRIVER APPLICATION FORM (This form is to be completed by all proposed DRIVERS)

(a) Date of Birth:	Full Name of Insured:	12.Are you now or have you been insured in respect of any vehicle? Yes If yes, state particulars	No
(a) Date of Birth:	2. Policy Number of Insured:	1018-00-00-00-00-00-00-00-00-00-00-00-00-00	_
(a) Date of Birth:	3. Full Name of Proposed Driver:.		_
(c) Taxpayer Registration Number (TRN):. 4. Address: 5. Name & Address of Employer:. 6. Occupation or Business: 7. Name & Address of Previous Employer:. 8. Details of Licence: (a) Type: Private I General I Other (b) Original Issue Date: / / (c) Location. 9. Details of previous driving experience (e.g. type of vehicle driven) 10. Have you, during the past five (5) years: (i) been convicted of any offence in connection with the driving of any motor vehicle, (ii) hadyour licence endorsed (iii) had any prosecution or Police enquiry pending? Yes No 11. Do you, to your best knowledge and belief, suffer from: (i) defective vision, (ii) defective hearing, (iii) diabetes, (iv) fits, (v) heart complaint, (vi) any physical infirmity (vii) mental infirmity? Yes No If yes, state particulars 14. Give particulars of any accidents and losses during each of the past the years in connection with any motor vehicle used/owned/hired by you. Year of Number of Loss/ Number of Loss/ Losses/Accidents Accident during the year 20		13.Has any insurance company ever, in respect of you or any person who w	
4. Address: 5. Name & Address of Employer:	(a) Date of Birth:/ (b) Marital Status: Married Single Other	renew or cancelled a policy?	0
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(b) Original Issue Date: / / DD MM YYYY	7. Name & Address of Previous Employer:	Loss/ Losses/Accidents Details of Accident(s)	
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If yes, state particulars Signature of Insured: Dated:	defective hearing, (iii) diabetes, (iv) fits, (v) heart complaint, (vi) any phy	ysical above statements and particulars and I declare that I have not withheld an	
Signature of Driver: Dated:		Signature of Insured: Dated:	_
		Signature of Driver: Dated:	_