

C/o Riverbank Surgery
Kilmun
Argyll PA23 8SE

Tel: 01369 840474
Email: info@interlochtransport.co.uk
Website: www.interlochtransport.co.uk



Chairperson: A Harvey

Member of the Community Transport Association

Drivers registration Form

Name:

Signature: Date:

Address:

..... Post Code:

Telephone: Day Evening

Date of Birth:

Occupation:

Date UK Driving test passed:

Licence Expiry Date:

Driving Licence Number:

Give details of any convictions within the last 5 years or any prosecution pending. Has any period of a ban from driving been operative within the last 5 years?

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Give details of any accidents whilst driving a motor vehicle in the last 3 years.

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Please detail any medical condition or medical history (whether physical or mental, including defective vision not corrected by glasses or hearing loss not corrected by a hearing aid) that may affect your ability to drive a minibus – please also detail any medication that you are taking

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State if any company or underwriter has at any time in respect of motor insurance declined to insure, cancelled or refused to renew a policy or required increased premiums or special terms

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You are reminded that you are required to provide all material information likely to influence the acceptance and assessment of this insurance. If you have any doubts as to whether a fact is material you should disclose it. You must inform the insurers of any changes that occur in circumstances relating to your driving licence. Failure to disclose all material facts may result in insurance being inactivated. It is an offence under the Road Traffic Act to make false statement or withhold any material information for the purpose of obtaining insurance.

I declare that the information is accurate in every detail.

Signed.....

Dated.....