



**ADDITIONAL DRIVERS DECLARATION**

Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

DETAILS OF ADDITIONAL DRIVER:

NAME:	
ADDRESS:	
DATE OF BIRTH:	
OCCUPATION:	
TYPE OF LICENCE:	
NO OF YEARS LICENCE HELD:	
MEDICAL CONDITIONS:	
CONVICTIONS:	
PROSECUTIONS PENDING:	
ACCIDENTS IN LAST THREE YEARS:	
HAS ANY INSURANCE EVER BEEN DECLINED OR REFUSED?	

**POLICYHOLDERS  
SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_