

Taxi Care Club Ltd t/as **taxicare**

ABN 90 006 637 789 Australian Financial Services Licence #292888

MEMBERS APPLICATION & DECLARATION FORM

Applicant Details:		Address:		Contact Details:		
Vehicle Owner Name				Tel Bus		
				Tel Hm		
Operator Name: (if different)		Post Code		Fax		
		State	VIC	Mobile		
Other:			NSW	Email		
Company/Business Name		Address:		Contact Details:		
		As above: YES	No detail below	As Above: YES	NO	Detail below
				Tel Bus		
				Tel Hm		
				Fax		
ABN/ACN:		Post Code:		Mobile		
		State	VIC	Email		
			NSW			
Driver's D.O.B.	___/___/___	Driver's Licence #		Authority/DC No.		
		Expiry Date		State		
How many years have you been driving taxis?				Are you currently covered or insured?		
How many years have you owned a taxi?				If, YES. By whom:		

TAXI VEHICLE DETAILS

Registration No.		Date vehicle 1 st Registered as a Taxi	Year of Vehicle	
Engine No.			Vehicle Make	
			Vehicle Model	
Purchase price \$ _____		Company & Radio No. of taxi		
Current kilometers (Klm) reading		Is the car financed/leased? YES/NO		
		Name of Lessor:		

APPLICANT'S DECLARATION

Following acceptance of my membership application form, WE/I agree to abide by the rules and guidelines of Taxi Care Club Ltd as set out in Taxicare Australia's Constitution, Product Disclosure Statement and Rules which We/I have read and understood.

We/I understand that the benefits and covers offered under this agreement are at the Board's discretion and are contingent upon the truthfulness of this declaration and accordingly We/I have not withheld any information that may affect the acceptance of this application or be regarded as reckless or unacceptable to the taxi industry.

Date cover is to commence:		
Applicant's Name:	Applicant's Signature:	Dated:
Taxicare Australia Proposer:	Signature:	Dated:
Application Status: Approved/Rejected	Board of Directors'	Dated: