

TaxiCare Club Ltd

t/as Taxicare Australia Ltd

ABN 90 006 637 789
Australian Financial Services Licence #292888

OFFICE USE	
Amount:	_____
Excess:	_____
Other:	_____

TAXICARE MEMBER'S APPLICATION & DECLARATION FORM

Applicant Details		Address		Contact Details	
Vehicle Owner Name:		Suburb		Tel Bus	
				Tel Hm	
Operator Name: (if different)		State	VIC NSW SA QLD NT WA	Fax	
		PC		MOBILE	
				Email	

Company/Business Name (if applicable)	Company Address (if applicable)	Company Contact Details (if applicable)	
	As Above? YES / NO (detail below)	As Above? YES	NO (detail below)
		Tel Bus	
		Tel Hm	
	Suburb	Fax	
ABN:	State	VIC NSW SA QLD NT WA	MOBILE
	PC		Email

(ABN required from all applicants)

APPLICANT DRIVER DETAILS

Driver's D.O.B.	Driver's Licence #	Authority / DC No.	
	Expiry Date	State	VIC NSW SA QLD NT WA
How many years have you been driving taxis?		Are you currently covered or insured?	YES / NO
How many years have you owned a taxi?		If YES, by whom?	

TAXI VEHICLE DETAILS

Registration No.		Date vehicle first registered as a Taxi:	Year of vehicle:	
			Vehicle Make:	
Engine No.			Vehicle Model:	
Is the car financed/leased?	YES / NO	Company & Radio No. of Taxi:		
Is there any unrepaired damage to your vehicle prior to commencement of cover YES / NO		PLEASE NOTE THAT SHOULD PRE-EXISTING DAMAGE BE EVIDENT UPON CLAIMING BENEFITS FROM YOUR COVER, YOU WILL BE REQUESTED TO CONTRIBUTE TO THESE PRE-EXISTING DAMAGES		
Have you had any incidents or accidents in the past 5 years?		YES / NO	If yes please provide details below inc approx. costs.	

APPLICANT'S DECLARATION

We/I agree to abide by the rules and guidelines of Taxi Care Club Ltd as set out in Taxicare Australia's Product Disclosure Statement

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:	Day: _____ Month: _____ Year: _____
Applicant's Name:	Applicant's Signature: _____ Dated: _____
Application Status: Approved / Rejected	Director _____ Dated: _____

FAX COMPLETED FORM TO TAXICARE / EMAIL TO admin@taxicare.com.au

SYDNEY 02 9313 4833

BRISBANE 07 3257 1003

MELBOURNE 03 9350 7100