

## SPECIFIED DRIVER APPLICATION QUESTIONNAIRE

Name of Policyholder:

Policy Number:

Phone Number:

E-mail address:

### Information of the applicant who will be the specified driver

Name of driver:

Relationship to Policyholder:

Effective from:

Contact Numbers: Work:

Home:

Cell:

Physical Address:

Occupation:

Date of birth:

ID number:

Date of issue of first drivers license:

Code of drivers license:

### Usage of vehicle:

Has the specified driver previously been insured? YES NO

If yes, please provide the following details for the previous 5 years: *(Should you require additional space, please write on a blank paper and attach to this form)*

Insurance Company	Period	Policy Number

During the past 5 years, whether insured or not, has he/she been involved in a motor accident? YES NO

If yes, please provide the following details: *(Should you require additional space, please write on a blank paper and attach to this form)*

Insurance Company	Policy Number	Date of loss	Type of loss	Value of loss

Has he/she ever written off a vehicle?

If yes, please provide the following details: *(Should you require additional space, please write on a blank paper and attach to this form)*

Date	Value	Driver of the vehicle

Signature of Policyholder: (Digital or Written if printing form)

Signature of Driver: (Digital or Written if printing form)

Date

Please sign and send your completed form to:  
**info@indequity.com**