

PROPOSAL FORM FOR INSURANCE

COMMERCIAL CLIENT APPLICATION

Please complete Parts 7 and 8 only if you are a Commercial Client/Corporate Entity.

PA	RT 7 DE	TAILS OF PROPOSAL: COMMERCIAL VEHICLES	ONLY			
1.	. If used for Carriage of goods:					
		a. What is their general nature?				
		o. Do you undertake cartage for other persons? 🗆 Yes 🗆 No				
	If Yes, please give details:					
2.	If used for Ca	arrying Passengers:				
		assengers carried for hire or reward?				
	b. Is the Veh	icle used for public service?			□ No	
	c. State clas	c. State class of vehicle licence:				
PA	PART 8 ADDITIONAL DETAILS FOR COMMERCIAL ENTITY AS PROPOSER					
1.	Names of Shareholders/Beneficial Owners (i.e., those with more than 10% shareholding)					
	Full Name:		Type of ID provided:			
	Full Name:		Type of ID provided:			
	Full Name:		Type of ID provided:			
	Full Name:		Type of ID provided:			
2.	Directors and/or Officers With Effective Control					
	Full Name:		Type of ID provided:			
	Full Name:		Type of ID provided:			
	Full Name:		Type of ID provided:			
	Full Name:		Type of ID provided:			
3.	Authorised Signatories					
	Full Name:		Type of ID provided:			
	Full Name:		Type of ID provided:			
	Full Name:		Type of ID provided:			
	Full Name:		Type of ID provided:			
4.	Certificate of	f Registration Provided?			□ No	
		nd Articles of Incorporation Provided?				
		Provided (where applicable)?				