

Please fill in your details below

ALL SECTIONS SHOULD BE FULLY COMPLETED IN BLOCK CAPITALS.

Title: _____ Forename(s): _____

Surname: _____

Address: _____

Town: _____ Postcode: _____

Email:

Home Telephone:

Mobile Telephone:

Membership Number: (if known)

Date of Birth: / /

EMPLOYMENT DETAILS

Occupation:

Are you (Tick one box only) Employed Self Employed

Employer:

Pre-Existing Condition: relates to any physical or mental defect, infirmity, medical condition or chronic recurring illness which you could reasonably be expected to know existed at the date of entry into the Scheme and which might lead to the relevant Licensing Authority revoking or refusing to renew your professional licence.

FOR OFFICE USE ONLY

Please note: Only members who submit a valid Direct Debit Instruction can receive cover.

Instruction to your Bank/Building Society to pay by Direct Debit

Please complete this whole form and send it to us by folding and placing in the envelope supplied and posting to us. No stamp required.

1. Name and postal address of your Bank or Building Society Branch.

To _____ Bank / Building Society
Address _____
Town _____
County _____ Postcode _____

2. Name of account holder(s)

Reference Number

Service User Number

3. Branch Sort Code (from the top right hand corner of your cheque)

4. Bank or Building Society Account Number

5. Please pay AllClear Insurance Services Ltd Direct Debits from the account detailed on the instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with AllClear Insurance Services Ltd and details may be passed electronically to my Bank/Building Society.

6. Account holder's signature

X _____ Date _____



Banks and Building Societies may not accept Direct Debit Instructions for some types of account

Supplementary Loss of Licence Cover (Top-Up) APPLICATION FORM – CONTINUATION

Licence Type (Please Tick)

Group 1 Licence		Group 2 Licence			Other Licence
Car Licence	<input type="checkbox"/>	PCV	<input type="checkbox"/>	LGV	<input type="checkbox"/>
					Please specify: <input type="text"/>

It is important to register all licence categories that you wish to be covered.

DECLARATION AND CONSENT – Please now READ and COMPLETE the following carefully and SIGN below.

I declare that the information given in this application form is true and complete to the best of my knowledge and belief and I have completed the section below.

I understand that any pre-existing condition is excluded from cover.

Please Tick

I will tell the DriverCare Administration Unit about any employment changes.

Please Tick

I will tell the DriverCare Administration Unit about any changes in my state of health which may lead to the relevant Licensing Authority revoking or refusing to renew my professional licence.

Please Tick

NOTE: A copy of this completed form will be supplied on request within a period of three months after its completion. Please note that we may return the application form if completed incorrectly or if any information is missing.

Privacy Notice

The information you have provided will become part of the personal data held by Unite the Union, and will be used by AllClear Insurance Services for the provision and administration of the Scheme. It will be retained to allow Unite to determine eligibility for relevant scheme benefits and assistance. For full details of how Unite will process your data please see Unite the Union's up to date privacy notice at <http://www.unitetheunion.org/privacypolicy> or contact your regional office for a copy.

Your signature

Date

D	D	/	M	M	/	Y	Y	Y	Y
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