

NOMINATED DRIVER/S: REGISTERED PERSON/S

(e.g. Husband, wife, father, mother etc)

DECLARATION

I, the undersigned person/s who is registered to care for:

.....

hereby certify that I/we am/are the nominated driver/s.

NOMINATED DRIVER/S

Initials & Surname:

Identity Number:

Relationship to Physically disabled person:

Signature: Date:

Initials & Surname:

Identity Number:

Relationship to Physically disabled person:

Signature: Date: