



Steamship House,  
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## Application Form

Please use block capitals when completing this form.

Tick the appropriate box:

Mr.  Mrs.  Ms.  Miss

First Name .....

Surname .....

Full Address .....

Phone No. Land ..... Mobile .....

Vehicle Reg. ....

Vehicle Type .....

P.S.V. Licence No. ....

Taxi Plate No. ....

Insurance Details: .....

Policy Number .....

From ..... To .....

Insurance Company .....

Please confirm that you have read, understand and accept rules of "Local Taxis"

Print Name .....

Signature .....

Date .....

Office Use Only	
Supervisor's Sig.	_____
Date	_____