



Good Neighbour Scheme

Volunteer Driver Declaration

Name: _____ Reg No(s): _____

Address: _____

3 / 4 / 5 door hatch / saloon / estate / MPV (please delete as appropriate)

Licence Information:

Driver No: _____ Licence Expiry Date: _____

Insurance Details:

Car Reg No: _____ Insurer: _____

Policy Expiry Date: _____

Car Reg No: _____ Insurer: _____

Policy Expiry Date: _____

Driver Declaration:

I confirm that I am responsible for ensuring that I am fully compliant with the laws regarding licence, insurance, and MOT certification, and that I am not aware of any health reason why I should not drive.

I also confirm that I have informed my Insurers that I may be from time to time carrying passengers on a not-for-profit basis, and may be paid expenses not exceeding the maximum rate set for this purpose by HM Revenue & Customs. (We advise you to get a letter from your Insurer confirming this)

I undertake to inform the GNS in writing of any changes to the above information.

Signed: _____

Date: _____

Secretary:

Liz Folley, Chinnor Community Pavilion, Station Road,
Chinnor, Oxfordshire OX39 4PU
Tel No: 01844 353267