

**Non UK Driving Licences - Statement for Insurance**

Name:

Address:

Licence nationality:

Date becoming resident/visiting UK:

Current Endorsements/Convictions (with date from- to):

Health Conditions:

Have you any notifiable health conditions that could affect your ability to drive safely, such as epilepsy, strokes, other neurological and mental health conditions, physical or visual impairments? (more comprehensive list shown at <https://www.gov.uk/health-conditions-and-driving> )

**Yes/ No**

If Yes, please state:

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**Other than those indicated above, I declare that I have no other conditions shown on the highlighted government website above that could affect my ability to drive safely.**

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**I certify I have answered questions on the application form truthfully and understand that any misrepresentation or failure to disclose information could jeopardise my employment within the company.**

Signed:

Date:

**\*\* Please ensure a Copy of the Licence Photo Card is included with this statement \*\***