

2nd Choice					
MAKE		No Doors		MODEL	
Extras Required					
Additional Comments					

3rd Choice					
MAKE		No Doors		MODEL	
Extras Required					
Additional Comments					

4th Choice					
MAKE		No Doors		MODEL	
Extras Required					
Additional Comments					

SAMPLE - DO NOT USE

Please return the drivers' declaration and driver D796 mandate with this application. We cannot proceed with your quotation(s) until we have all the documentation.

MILEAGE DETAILS

Estimated Annual Official Mileage (Including courses, excess mileage etc.)	
*Estimated Annual Private Mileage	
Total Estimated Annual Mileage	

DECLARATION BY APPLICANT

I certify that the information which I have given in this application is correct.			
Signed		Date	
*Home to office mileage is classified as private mileage			

PART 3 TO BE COMPLETED BY APPLICANT'S MANAGER/BUDGET HOLDER AND DIRECTOR

I confirm that I consider the official mileage shown above, to be a reasonable assessment and am not aware of any circumstances which would materially affect this application.	
* The estimated official mileage stated above is lower/higher* than the current annual official mileage because	
Please state budget code for applicant	
I certify that the applicant is eligible for the Contract Vehicle Hire Scheme, and that the vehicles inquired about are suitable for the officer's duties	
Budget or Managers Name	
Signed	
Position	
Date	

Directors Name	
Signed	
Print Name	
Position	
Date	

**SAMPLED
DO NOT USE**

PLEASE RETURN COMPLETED FORM TO:

CAR LEASING DEPARTMENT
THURROCK COMMUNITY HOSPITAL
LONG LANE
GRAYS
RM16 2PX

TEL No. [REDACTED]
FAX No. [REDACTED]

SAMPLE - DO NOT USE