

## Driver and Car Fleet Policy Declaration Form

The Society has a duty to inform its company car drivers of this Policy – therefore please fully complete the form below:

<p>I _____ (PRINT NAME IN FULL) Employee Number: _____</p> <p>Confirm that I have read and understood the Driver and Car Fleet Policy and accept the terms and conditions outlined.</p> <p>Signed: _____</p> <p>Date: _____</p>
---

Once completed please return this section only of the form to:

**The Reward and Benefits Team  
Personnel Services Group  
Head Office  
Warwick  
CV34 6DA**

<b>Policy name:</b>	Vehicle & Driver Policy	<b>Date of last review:</b>	February 2017
<b>Policy owner:</b>	PSG	<b>Issue number:</b>	PSG-PW-002