

LOST CERTIFICATE DECLARATION

Policy number: _____

Policyholder: _____

Expiry date: _____

I/We hereby declare that the current **Certificate of Motor Insurance** in respect of the insured vehicle registration number: _____ delivered to **me/us** by the insurer in accordance with statutory requirements has been lost, mislaid, or destroyed.

I/We undertake to return the missing **Certificate of Motor Insurance**, if found prior to the expiry date.

I/We understand that in the event of **my/our** wishing to cancel, suspend or transfer the policy during the current period, **I/we** may be called upon to furnish a statutory declaration relating to the loss or destruction of the **Certificate of Motor Insurance**.

Name: _____

Signed: _____

Date: _____

If a limited company, please confirm you are a director of the company Yes No