

Joint taxi licence owner authority

Complete this form if you are applying for Taxi Licence Owner Financial Assistance and the eligible taxi licence/s is jointly held by two or more persons.

Please scan and upload to your online application for financial assistance for taxi licence owners when complete.

Licence numbers

Please include all licences included in this application for financial assistance

TAXI LICENCES	
Include the licence number for each taxi licence included in this application	
Licence Number 1	
Licence Number 2	
Licence Number 3	
Licence Number 4	
Licence Number 5	
Licence Number 6	
Licence Number 7	
Licence Number 8	
Licence Number 9	

Name of person authorised: _____

Date of birth: _____

Registered address: _____

Contact number: _____

Email: _____



JOINT TAXI LICENCE OWNER AUTHORITY

This document must be completed and signed by all owners of the licence(s) included in this application

By signing below, we:

- confirm that we are applying for further transitional assistance funds collectively as joint licence holders,
- confirm we have authorised the person whose details appear on page 1 of this Authority to apply for financial assistance on behalf of all joint holders of the licence/s, and
- acknowledge that if we or the authorised person make false or misleading statements in connection with the application for further transitional assistance funds or otherwise engage in any Improper Conduct, we may be required to repay the transitional assistance funds and may also be prosecuted and fined.

Owner 1

<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
FIRST LICENCE OWNER NAME	SIGNATURE	DATE
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
NAME OF WITNESS	SIGNATURE	DATE

Owner 2

<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
SECOND LICENCE OWNER NAME	SIGNATURE	DATE
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
NAME OF WITNESS	SIGNATURE	DATE

Owner 3

<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
THIRD LICENCE OWNER NAME	SIGNATURE	DATE
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
NAME OF WITNESS	SIGNATURE	DATE

Owner 4

<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
FOURTH LICENCE OWNER NAME	SIGNATURE	DATE
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
NAME OF WITNESS	SIGNATURE	DATE

Owner 5

<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
FOURTH LICENCE OWNER NAME	SIGNATURE	DATE
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
NAME OF WITNESS	SIGNATURE	DATE