Application to participate in the Double Drive Program

Participant registration number:_____

First and Last Name of Participant:_____

Participant's country and city of residence:_____

Planned period for fulfilling the program conditions:_____
(confirmation of new status)

Registration numbers of new 1st level Directors of the participant:

№	Registration number	First Name	Last Name
1			
2			
3			

Select a car:

VOLVO CX 60 ☐
VOLVO CX 90 ☐

☐ **I guarantee the completion of the program within the specified timeframe and am ready to accept the vehicle under the terms outlined in the DOUBLE Drive program regulations on mihi.care .**

_____ _____

city, date *signature of participant*

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