

Non Merseyside Member Registration Form

Your Details

These details must be completed by the applicant

Mr Mrs Ms Other _____

Initial _____ Surname _____

Address _____

Post Code _____ Date _____

Tel: () _____

Mob: _____

Email: _____

Home Email (if Differs) _____

Prefer to be contacted by Tel Mob Email

Your Force _____

Rank/Position _____

Current Car Details

Make _____ Model _____

Registration No.: _____

Registration Date: _____

Replacement Date: _____

Motor Insurance due for renewal _____

Nominee Details

If you are nominating someone today please ensure that you list their names here and complete a nominee registration form for each person. Please be aware that proof of relationship may be requested.

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Dealer: _____

Contact Tel No: _____

Office Use Only. Payment applicable? Yes No Payment received? Date: / / Payment Method: Epos Cheque

In order to provide you the services as detailed in the Partners Programme, we will have to store your details for administration purposes.

The actual management of the Partners Programme is performed on GM's behalf by SMH Fleet Solutions Ltd. Please indicate here that you are happy for this to happen. Yes No *Please be aware that if you tick No you will not be entered onto the Partners Programme.*

GMUK (Vauxhall Motors Ltd, Saab (GB) Ltd and Chevrolet (UK) Ltd) will never sell your information on. We would like to use your information to keep you informed about new products, services, special offers and to measure and improve how we serve you. Your information will only be disclosed to GMUK, its affiliated or associated companies, Retailers and companies working on behalf of GMUK. If you **do not** want this to happen, tick here.

Your Federation Validation: you may either ask your local Federation office to validate your membership and/or status as a police staff member or you may send your forms together with a copy of your most recent pay advice.

Name of Fed Official _____ Position _____

Force _____ Date _____

I confirm that the applicant is

- 1. A subscriber to the Police Federation
- 2. A member of police staff
- 3. A retired member

Completed forms to be returned to Partners Programme, Malvern House, 13 Green Lane, Liverpool, L13 7DT along with a cheque payable to Merseyside Police Federation for £20.00 alternatively you may pay by debit or credit card by calling the number below
 Please address any queries to Federation Staff at Tel: 0151 259 0737 Fax: 0151 228 0973
 Or Email: FionaV@merseyside.polfed.org