



Nottingham City Council
 Parking Regulation & Compliance
 PO Box 10169
 Nottingham NG1 9HS
 Tel: 0115 876 1966

Use it, don't abuse it

email: blue.badges@nottinghamcity.gov.uk

ALL APPLICANTS MUST COMPLETE THIS FORM

Failure to complete all the relevant sections of the application form and supply the appropriate documents to confirm your address, identity and evidence of eligibility will delay the processing of your application.

**THE BLUE BADGE SCHEME OF PARKING CONCESSIONS
 FOR DISABLED AND SEVERELY SIGHT IMPAIRED PEOPLE**

NOTTINGHAM CITY RESIDENTS ONLY

Please **as appropriate** Re-application New Application Receipt of DS1500

Re-applications ONLY Old Badge No..... Expiry date.....
 (Applicants for an organisational badge should go to **Section 7**)

SECTION 1 - Personal Details (If completing form on behalf of a child under 16 years of age, please provide their details in appropriate sections and sign the form on their behalf.) Please provide their child registration number. This can be found on child benefit documentation.

Surname: **Title:** (Dr, Mr, Mrs, Miss, Ms)

Forename(s): **Date of Birth:** (DD/MM/YYYY)

Surname at birth: **Gender:** Male Female

National Insurance Number:
Letters Numbers Letter

(National Insurance numbers start with two letters, followed by six numbers, then another letter)

Town of birth: **Country of birth:**

Current Address:

Postcode:

Tel: **Mobile:** **Email:**

Previous address, if different in the last 3 years:

Address:

Postcode:

Tel: **Mobile:** **Email:**



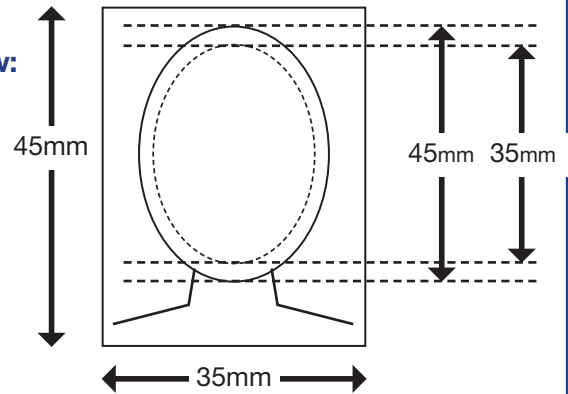
**Nottingham
 City Council**

PHOTOGRAPH (Please supply one photograph only)

The photograph is not required to be taken in a photo booth however, the photograph must adhere to the guidelines below:

PHOTOGRAPH MUST BE:

- In colour (not black and white)
- Taken within the last month
- 45 mm high x 35 mm wide, however do not trim your photograph to meet this condition
- A close up of your head and shoulders
- Free from shadows
- Taken with your eyes open (with no sunglasses or tinted glasses and no hair across your eyes)
- Free from reflection or glare on your glasses and the frames must not cover your eyes. If possible please remove your glasses
- Free from 'red eye'
- Of you facing forward straight at the camera
- With a neutral expression, your mouth must be closed (no grinning, frowning or raised eyebrows)
- Of you on your own (no babies dummies, toys or other people visible)
- Taken of your full head without any covering unless it is worn for religious beliefs or medical condition
- Taken with nothing covering your face



THE PHOTOGRAPH MUST:

- Be in sharp focus and clear
- Have a strong definition between face and background
- Be professionally printed i.e. a photograph that is printed at home is not accepted
- Include applicant's name on the reverse of the photograph

CHILDREN'S PHOTOGRAPH:

- Children aged 6 years and over must meet the full standards as above
- Children aged 5 and under must show clear image that is a true likeness of the child. A neutral expression is not necessary however the child must face forward
- Babies under one year old do not have to have their eyes open (however it is preferable). All other standards must be met
- If the baby's head needs supporting, it is important that your hand cannot be seen
- If you have difficulty in meeting these conditions you should visit a photographic studio rather than a photo booth.

PLEASE NOTE THAT THE PHOTOGRAPH WILL BE PLACED ON THE BACK OF THE BADGE AND WILL NOT BE VISIBLE WHEN THE BADGE IS BEING DISPLAYED IN THE VEHICLE.

Confirmation of Address

Please supply a **photocopy** of proof that you live in the city; for example: Housing benefit award letter
Benefit award letter from DWP dated within last 3 months check Electoral Roll Prescription
Confirmation letter from Social Services/school Council Tax bill dated in last 12 months
Check Council Tax records

Whichever one you provide, it must contain a date within the last 3 MONTHS to show that you are living in the City except for the Council Tax bill.

Confirmation of Identity

You must attach a **photocopy** of 1 of the following as proof of your identity:

Birth Certificate/Adoption Certificate Certificate of British Nationality Civil Partnership Cert.
HM Forces ID Card Foreign National ID Card Marriage/ Divorce Certificate
Valid Full Driving Licence Passport Prescriptions
Confirmation of DS1500 (Please provide a **photocopy**)

SECTION 2 - Questions for 'without further assessment' applicants

You may automatically qualify for a Blue Badge if you either:

- Are severely sight impaired (blind)
- Received 8 or more points in the "moving around" part or 10 points in the "planning and following journeys" part of a mobility assessment for Personal Independence Payment
- Receive the **higher rate of the mobility component** for Disability Living Allowance
- Receive the War Pensioners' Mobility Supplement
- Receive a qualifying award under the Armed Forces Compensation Scheme

If none of these apply to you, skip to **Section 3**. Otherwise, you should complete the relevant section below and then go to **Section 6A**. Unless you are registered as severely sight impaired (blind), you will need to attach a copy of the proof of your benefit to this application.

2A - Confirmation of DS1500

If you are in receipt of the above please provide a copy along with one photograph, one proof of address and one proof of identity. In addition please complete **sections 6A and 8**.

2B - People who are severely sight impaired (blind)

Are you registered blind (severely sight impaired)? Yes: No:

If YES, please state which local authority you are registered with:

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If YES, do you give consent to us to check the local authority's register of blind people to see whether your disability is already known to the council? Yes: No:

If NO, then please indicate whether you have enclosed a copy of your Certificate of Vision Impairment (CVI) or a BD8 form, signed by a Consultant Ophthalmologist and that you wish to be registered as blind. Yes: No:

2C - People who receive the Higher Rate Mobility Component of Disability Living Allowance

Do you receive the Higher Rate Mobility Component of Disability Living Allowance?

Yes:

No:

If yes, have you been awarded this benefit indefinitely?

Yes:

No:

If NO, when is your award of this benefit due to end?

(DD/MM/YYYY): / /

If you are in receipt of the Higher Rate Mobility Component of Disability Living Allowance you must enclose a **full photocopy of the entitlement to this benefit issued within the last twelve months** or your annual uprating letter confirming start date and expiry date of the award.

Please note that we may also check that you are in receipt of this award with the Department for Work and Pensions.

2D - People who meet a 'Moving Around' descriptor for the Mobility Component of Personal Independence Payment (PIP)

Did you score 8 points or more in the "moving around" part of the mobility assessment?

Yes

How many points were scored?

If your award has an end date, enter the end date (DD/MM/YYYY): / /

No

Answer the next question under "PIP"

If you did score 8 points or more in the "moving around" part of the mobility assessment, you need to **attach a copy of every page from the award letter from DWP**. It should show your entitlement to PIP, assessment scores (including the mobility scores), **and be dated within the last 12 months**.

2E - People who meet a 'Planning and Following a Journey' descriptor for the Mobility Component of Personal Independence Payment (PIP)

Did you score this specific points descriptor in the "planning and following a journey" part of the mobility assessment?

10 points - You cannot undertake any journey because it would cause overwhelming psychological distress

Yes

If your award has an end date, enter the end date (DD/MM/YYYY): / /

No

You should answer the questions in **Section 3**.

If you did score the 10 points outlined above in the "planning and following journeys" part of the assessment, **you need to attach a copy of every page from the award letter from DWP**. It should show your entitlement to PIP, assessment scores (including the mobility scores), **and be dated within the last 12 months**.

2F - People who receive the War Pensioner's Mobility Supplement

Do you receive the War Pensioner's Mobility Supplement?

Yes: No:

If YES, have you been awarded this benefit indefinitely?

Yes: No:

If NO, when is your award of this benefit due to end?

/ / (DD/MM/YYYY)

If you are in receipt of the War Pensioner's Mobility Supplement you must enclose a photocopy of entitlement to this benefit. You should have an award letter from Veterans UK previously known as the Service Personnel and Veterans Agency (SPVA). If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0808 191 4218.

2G - People who receive a benefit under the Armed Forces and Reserved Forces (Compensation) Scheme

Have you received a lump sum benefit under the Armed Forces and Reserved Forces (Compensation) Scheme within tariff levels 1-8 (inclusive) and have been certified by the SPVA as having a permanent and substantial disability which causes inability to walk or very considerable difficulty walking?

Yes: No:

If you are in receipt of the above-mentioned award under the Armed Forces and Reserved Forces (Compensation) Scheme, Veterans UK previously known as the Service Personnel and Veterans Agency (SPVA) will have issued you with a letter confirming the level of your award and also confirming that you have been assessed as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking. **YOU MUST ENCLOSE A PHOTOCOPY OF THIS LETTER AS PROOF OF ENTITLEMENT.** If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0808 191 4218.

Are you currently taking any pain relief in relation to the medical condition?

Yes: No:

IF YOU HAVE ANSWERED YES TO ANY OF SECTION 2 AND HAVE PROVIDED THE NECESSARY PROOF PLEASE GO TO SECTION 6A.

SECTION 3 - Questions for 'subject to further assessment' applicants with walking difficulties

These questions are intended for people who have answered **NO** to all of the questions in Section 2. Please note that you will only qualify for a Blue Badge under this criterion if you, or the person on whose behalf you are applying, are over two years of age and **have a permanent and substantial disability which means you are UNABLE to walk or you have VERY CONSIDERABLE DIFFICULTY IN WALKING.**

Applicants are asked to describe the nature of their disability and give an estimate of the maximum distance you can walk without assistance or severe discomfort. It can be difficult to accurately work out the distance you can walk. There are several things that can help you:

- Ask someone to walk with you and pace the distance you walk.
- The average adult step is just under one metre. For example, if the person walking with you took 100 steps, you would have walked about 90 metres.
- A size 9 shoe is about a third of a metre.
- The average double-decker bus is about 11 metres long.
- A full-size football pitch is about 100 metres long.

If you still find it difficult to work out the distance you can walk in metres, please tell us:

- The number of steps you can take, how long in minutes it would take you to walk this distance.
- About your walking speed.
- The way that you walk, for example, shuffling or small steps etc.

PLEASE ENSURE THAT THIS SECTION IS COMPLETED.

PLEASE DESCRIBE:

- Any medical conditions / disabilities which affect your walking.
- If you know them please state the medical terms for the condition you have been diagnosed with.

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Treatments

Has your condition required any treatments?

These could have been in the last 10 years, ongoing or any treatment you have booked in the next 3 years. List any surgeries, treatments or clinics that are to do with your condition.

Yes Add the treatment details on the next page

No Go to "Medication"

Treatments

Describe the treatment

Anything relevant to your condition that you've seen (or are due to see) a professional for. For example, hip replacement operation, physiotherapy, or pain clinic.

Date of the treatment

If it's in the future - do you expect the condition to improve afterwards?

PLEASE DESCRIBE (PLEASE SUPPLY SUPPORTIVE EVIDENCE):

- Any surgery, courses of treatment or specialist clinics you have undergone in relation to each medical condition/disability you have mentioned
- Please state when you underwent any relevant surgery or treatment or attended specialist clinics.

Surgeries/courses of treatment/specialist clinics:

Dates you received this treatment and hospital record number.

You can find this on your appointment letter or card

What medication do you currently take in relation to the condition/disabilities you described?

Please attach a copy of your prescription if this is more convenient.

Medication	Dosage	Frequency

Are you currently taking any pain relief in relation to the medical conditions/disabilities you mentioned above? If yes, please explain what you are taking and how frequently you need it:

Yes: No:

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Are you currently...

(Please tick whichever statements apply to you and provide further details in the space below)

- Awaiting surgery in relation to the conditions/disabilities described above?
- Recuperating from surgery in relation to the conditions/disabilities described above?
- Awaiting treatment for any of the conditions/disabilities described above?
- Managing your condition/disability since you have been advised it is not expected to improve any further?
- None of the above

Please give details of the healthcare professionals, or specialists (including your GP) who have been treating you in relation to the conditions/disabilities described above. **Please provide any existing evidence from a registered health professional to support your application.**

Name	Job Title	Hospital/Health Centre	Telephone Number

Do you anticipate that your conditions/disabilities will improve in the next 3 years?

(Tick as appropriate) **Yes:** **No:**

If you ticked **YES**, please describe below how much you expect your condition/disabilities to improve

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How do the conditions/disabilities you describe above affect your ability to walk?

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Please tick whichever of the following statements describe your general walking ability:

(Please tick whichever options apply to you - you can tick more than one box)

- I am able to walk well, including recreational walks
- I am able to walk around the supermarket to do my own shopping
- I am able to walk and can use public transport for some of my local trips
- I am able to walk, but struggle with longer distances or hills
- I am able to walk, but get breathless if I walk for more than a few minutes
- I am able to walk, but find it too painful to walk for more than a few minutes
- I am able to walk, but use a wheelchair for longer trips outside the home
- I am able to walk around my home, but am unable to climb the stairs
- I am not able to walk at all
- Other (Please describe below)

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Are you able to walk outside without help? Yes: No:

(Please describe the help you need in the space below)

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Where, in your local area, can you comfortably walk to and from your home?

(Please state a specific location or landmark which could be found on a map, e.g. a shop, street address or park)

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Please tick the box that best describes the way you walk:

- Normal** - no specific problems with walking
- Adequate** - for example, you walk with a slight limp
- Poor** - for example, you walk with a heavy limp, a stiff leg or shuffle, or have problem with balance
- Extremely poor** - for example you drag your leg, stagger, swing through two crutches or need physical support

If there is not a box above that describes the way you walk, please tell us in your own words about the way you walk in the space below

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Do you use any of the following walking aids?

- 1 elbow crutch 2 elbow crutches 1 walking stick 2 walking sticks
- walking frame (zimmer frame) Rollator Wheelchair Powered wheelchair
- Other (please describe in the space below)

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Were your walking aids (please tick whichever options apply to you)

- Purchased privately by me
- Prescribed by a healthcare professional
- Provided by Social Services
- Other (please describe below)

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How far would you estimate you are able to walk, using any walking aids, before you feel severe discomfort?

: metres : yards

When answering this question please note that:

- The average adult step is just less than one metre, which is 1.1 yards or 3 feet and 4 inches
- If you walk alongside someone and they take 100 steps you would have walked roughly 90 metres, or 100 yards
- The average double-decker bus is about 11 metres, or 12 yards long
- A tennis court is about 24 metres or 26 yards long
- A full size football pitch is about 100 metres, or 110 yards long

Roughly how much time would you estimate it takes you to walk this distance?

..... : minutes

Are you able to continue walking after a short rest?

Yes: No:

If you can continue, roughly how long (in minutes) are you able to walk for in total?

..... : minutes

Please answer ‘Yes’ or ‘No’ to each of the following questions by ticking the relevant box:

Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? Yes: No:

Do you get short of breath walking with other people of your own age on level ground? Yes: No:

Do you have to stop for breath when walking at your own pace on level ground? Yes: No:

Do you get too breathless to leave your home, or after dressing? Yes: No:

SECTION 4 - “Hidden” or “non-physical” disabilities

If you answered “yes” to any of the questions in section 3, skip this section and go straight to **Section 6A**.

Do you have a “hidden” or “non-physical” condition or disability, causing you to struggle with journeys?

Yes

Continue answering the questions in this section

No

Go to **Section 5**

What affects you taking a journey?

If some, or most, of these do not apply to you, please use the free text boxes to explain what affects you.

(Tick all that apply)

I am a risk near vehicles, in traffic or car parks

When are you a risk?

Almost never Sometimes Almost every journey Every journey

Please give an example of when you have been a risk near vehicles in traffic or car parks

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I struggle to plan or follow a journey

What journeys does this apply to?

Unfamiliar journeys Every journey

I find it difficult or impossible to control my actions and lack awareness of the impact they could have on others

How often does this happen?

Almost never Sometimes Almost every journey Every journey

Please describe the kinds of incidents that have happened or are likely to happen on iourneys

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I regularly have intense responses to overwhelming situations causing temporary loss of behavioural control (meltdown)

How often does this happen?

Almost never Sometimes Almost every journey Every journey

Please give examples of the situations that cause temporary loss of behavioural control

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I can become extremely anxious or fearful of public/open spaces

When do you become extremely anxious/fearful?

Almost never Sometimes Almost every journey Every journey

Please describe the levels of anxiety

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Something else

Please describe what affects you taking a journey. Please try and use medical terms, if you know them, to describe any non-visible (hidden) conditions that cause you to severely struggle with journeys between a vehicle and your destination.

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SECTION 5 - Questions for 'subject to further assessment' applicants with a disability in both arms

These questions are intended for people who have answered NO to all of the questions in Section 2. Please note that you will only qualify for a Blue Badge under this criterion if you, or the person on whose behalf you are applying, are over two years of age and drive a vehicle regularly, have a severe disability in both arms and are unable to operate, or have considerable difficulty in operating parking meters.

Do you drive regularly?

Yes:

No:

Do you have a severe disability in both arms?

Yes:

No:

Please describe your medical condition/disability:

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Are you unable to operate or have considerable difficulty operating parking meters and pay and display machines due to your upper limb disability?

Yes: No:

If yes, please describe the difficulties you have with operating parking meters and pay and display machines.

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Do you drive a specially adapted vehicle?

Yes: No:

If yes, please describe how the vehicle has been adapted for you, and enclose a copy of your insurance details verifying this adaptation.

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SECTION 6 - Questions for 'subject to further assessment' applicants under the age of three

These questions are intended for children under the age of three who may be eligible for a Blue Badge because:

- They have a condition requiring the transportation of bulky medical equipment at all times; or
- They must always be kept near a motor vehicle on account of a condition so that they can, if necessary, be treated for that condition in the vehicle or taken quickly in the vehicle to a place where they can be treated.

The list of bulky medical equipment referred to above may include:

- ventilators • suction machines • feed pumps • parental equipment • syringe drivers
- oxygen administration equipment • continuous oxygen saturation monitoring equipment, and
- casts and associated medical equipment for the correction of hip dysplasia

A local authority may issue a badge if the equipment is always needed and cannot be carried without great difficulty.

Examples of highly unstable medical conditions that mean children may need quick access to transport to hospital or home are:

- tracheostomies • severe epilepsy/fitting • highly unstable diabetes, and
- terminal illnesses that prevent children from spending any more than brief moments outside and who need a quick route home.

Please note that the above list is not exhaustive to allow for new advances in technology and treatment equipment.

Are you applying on behalf of a child under the age of three who has a condition requiring transportation of bulky medical equipment at all times?

Yes: No:

If YES, please state what type of equipment is required:

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Are you applying on behalf of a child under the age of three that suffers from a condition that requires that they must be always kept near a motor vehicle so that they can, if necessary, be treated for that condition in the vehicle or be taken quickly in the vehicle to a place where they can be treated?

Yes: No:

If YES, please describe the child's medical condition

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If you have answered **YES** to either of the questions above, please enclose a letter from a healthcare professional that has been involved in your child's treatment (for example your GP or paediatrician) giving details of the child's medical condition and the type of medical equipment they need, or provide the healthcare professional's contact details below:

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SECTION 6A - Driver/passenger status and vehicle registration

(to be answered by all individual applicants)

Will you be a driver or passenger in a car when using a blue badge?

Driver Passenger Both

Please nominate the vehicle registration number(s) for the main cars in which you intend to use the Blue Badge:

(up to three registration numbers should be nominated, but please remember that other vehicles can be used)

SECTION 7 - Applying for an Organisational Blue Badge

These questions are intended for organisations involved in the care of disabled people who are seeking a Blue Badge for a vehicle/vehicles (e.g minibus, or specially adapted commercial vehicle) which is/are to be used to carry disabled people who would themselves qualify for an individual Blue Badge.

An 'organisation' is defined in legislation as meaning an organisation concerned with the care of disabled persons to which a disabled person's badge may be issued.

Organisational badges will therefore only be issued to an organisation which:

- Cares for and transports disabled people who would meet one or more of the eligibility criteria for an individual Blue Badge, and
- Has a clear need for an organisational badge rather than using the individual Blue Badges of people it is transporting.

Name of Organisation:

Main contact/address of organisation:

Name:

Address:

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Postcode:

Tel: **Email :**

Does your organisation care for physically disabled people? Yes: No:

If **YES**, please give details below:

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As part of that care, does your organisation provide them with transportation?

Yes: No:

If **YES**, please give details of the types of vehicles in which you wish to use the badge, their vehicle registration number and how often they are used to transport disabled people:

Make / model of vehicle	Vehicle Registration Number	Frequency used to transport disabled people

Is the vehicle licenced under the Disabled Passenger Vehicle (DPV) taxation class?

Yes: No:

If **YES**, please give details and attach a photocopy of the tax reminder letter and V5C to this application.

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Number of people in the organisation

Number of qualifying people for which the organisation is responsible (i.e. those who would meet one or more of the criteria in Sections B or C).....

Charity number (if applicable)

Describe why you are applying for a badge, including how often it will be used and why.

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RENEWALS ONLY Badge Number: Expiry date of current badge:

GENERAL DATA PROTECTION REGULATIONS (EU) (2016/679) AND DATA PROTECTION ACT 2018

The personal information obtained from your application is for the purpose of issuing a Blue Badge. For further information on how we use and share your data please visit www.nottinghamcity.gov.uk/privacy-statement/

I understand that the information supplied by me on this form will be maintained by the local authority and will not be disclosed to any other party, save those who are responsible for the enforcement of parking restrictions, those responsible for discounts for congestion charging or otherwise as the law allows.

I further understand that the medical information I have supplied to support this application is 'sensitive personal data' and I consent to its disclosure only to a third party who is responsible for the operation and administration of the Blue Badge Scheme and other Government Departments or agencies, to validate proof of entitlement.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information contact Parking Regulation & Compliance on **0115 876 1966** Monday to Friday, or email blue.badges@nottinghamcity.gov.uk

SECTION 8 - Declaration

Sign one of the following three statements.

Applying for yourself

By submitting this application you agree that:

- you have read and understand the rules for using a Blue Badge
- the details provided are complete and accurate
- you won't hold more than one Blue Badge at any time
- you will tell your local authority about any changes that may affect your eligibility

You also agree that your local authority may:

- contact you if there are any issues with this application or to prevent badge misuse
- if required, arrange a phone-based or in-person assessment for you

I agree to this declaration

Signed

Date of signature

Applying on behalf of somebody else

By submitting this application you agree on behalf of the applicant that:

- the rules for using a Blue Badge have been read and understood
- you have the authority to submit this application
- the details provided are complete and accurate
- they won't hold more than one Blue Badge at any time
- your local authority will be told about any changes that may affect their eligibility

You also agree that your local authority may:

- contact the person whose details have been provided if there are any issues with this application or to prevent badge misuse
- if required, arrange a phone-based or in-person assessment for the applicant

I agree to this declaration

Signed

Date of signature

Organisations

By submitting this application you agree that:

- you're authorised to complete this application on behalf of your organisation
- the details you have provided are complete and accurate
- you will tell your local authority about any changes that will affect your organisation's Blue Badge entitlement
- your local authority can check any information they already have about you so that they can process your application.

I agree to this declaration

Signed

Date of signature

PLEASE COMPLETE PAYMENT SECTION OVERLEAF

Badge Issue Fee

There is a charge of £10 for a blue badge.

PAYMENT DETAILS

CHEQUES/POSTAL ORDERS

Name of person signing the cheque
(if provided and signed by someone other than the applicant)

Amount

Cheque/P.O. Number

Please make cheques/postal orders payable to '**NOTTINGHAM CITY COUNCIL**'

PLEASE NOTE: CASH IS NO LONGER ACCEPTED AS A FORM OF PAYMENT

Only complete the details below if you are making payment by MASTERCARD, MAESTRO, VISA or DELTA card

Please debit my Visa / Mastercard / Delta / Maestro (Delete as appropriate)

Amount:

Security Code:

Card Expiry Date:

Card Issue No:

Card No:

Name and address of cardholder, if different from applicant

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Signed:

Date:

ADDITIONAL INFORMATION

A series of 25 horizontal dotted lines for writing.

