



DriverCheck™ Mandate for the release of information in accordance with the provisions of the Data Protection Act 1998.

Company / Organisation Name (Employer)

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Branch / Department / Division

N	O	N	E																
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DriverCheck™ Reference (office use only)

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I grant permission to DriverCheck™ Limited (providers of the DriverCheck service) to use the information contained in this Mandate to conduct checks (i.e. more than one) on behalf of my employer as and when appropriate with the Driver and Vehicle Licensing Agency (DVLA). DriverCheck™ Limited reserves the right to undertake such checks at a frequency they determine. The authority will expire whenever I leave my current employer, cease to drive for my current employer, or in any case, three years from the date of my signature below subject to DriverCheck™ Limited receiving notification of such expiry. I authorise my employer to release the information provided in this Mandate to DriverCheck™ Limited. I authorise the DVLA to supply any information (with the exception of my medical information) that may be held on its computerised database, which relates to myself, and my driving entitlement past and present. Any valid endorsements, disqualifications etc. will be provided. I request that the information be sent to DriverCheck™ Limited. I consent for the purposes of the Data Protection Act 1998 (as amended) to the information contained in this Mandate and/or provided by my employer in accordance with the authority given to it under the terms of this Mandate and, any additional information obtained from the licensing authority, being held by DriverCheck™ Limited for as long as is reasonably necessary to provide the DriverCheck service to my employer and comply with any obligations imposed by DVLA.

Please complete in BLOCK CAPITALS, USING BLACK INK, KEEPING WRITING WITHIN THE BOXES.

DRIVERS DETAILS

Surname

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First Names:

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If you are associated or related to an employee of this company, please tick the YES box and let us know the name of that person Yes:

Spouse/Relative Name

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Date of Birth (DD MM YY):

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Driver Licence Number (from licence)

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CURRENT ADDRESS House/Flat Number:

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 Postcode:

--	--	--	--	--	--

Address 1:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address 2:

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Address 3:

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City:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

County:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address on Licence (if different from above) House/Flat Number:

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 Postcode:

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Address 1:

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Address 2:

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Address 3:

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City:

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County:

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Signed:

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Date (DD MM YY)

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Should you require any assistance to complete this form please call DriverCheck™ on 08707 747 406