

UNIVERSITY OF BRADFORD CARSHARE SCHEME REGISTRATION FORM

Please read the Terms and Conditions before completing the information below in full using capital letters and black ink. Incomplete forms will be returned unprocessed. Please return your form to Security, Richmond Reception, Richmond building, Richmond Road, Bradford, BD7 1DP.

This application is in respect of:

A new car pool To join an existing car pool Car Pool No _____
MC/SoHS/SoM

Your Details
Please tick

Staff Payroll Student Member Other

Please complete your payroll No. or student registration No.
(as per salary slip)

Payroll No.	Student Registration No.
Full Name:.....	School/Division:
House No./Name:	Street/Road:
Village/Town:	Post Code:.....
Daytime Tel.No.	E-Mail Address:

Your Vehicle Details:

Make	Model	Colour	Registration

Name of Co-sharers:

Lead Driver <small>(leave blank if you are the lead driver)</small>	Driver 2	Driver 3	Driver 4	Driver 5

Current Car Park Permit No.....

Declaration (all applicants)

I certify that I am the *lead driver/member of a car pool. I request a permit and agree to abide by the provisions of the University Vehicle Registration and the Terms and Conditions of the University of Bradford Carshare Scheme. The information above is true to the best of my knowledge and belief. *Delete as applicable.

Signed:..... Print Name:..... Date:

Lead Driver Only

We require a reserved parking space in the:

- School of Health Studies car park
- School of Management car park
- Main Campus car park

I signify my agreement to the appropriate parking charge to be deducted from my *salary payments / cheque payment

To be signed by the lead driver where an applicant wishes to join an existing scheme.
I signify that the above applicant is a member of Car Pool Permit No.....

Signed:..... Print Name:..... Date: