



6) Please list your previous address(es) for the last 6 years (if relevant):

Address: _____

Postcode: _____

Resident from _____ to _____

Please continue on an additional sheet if you need to add more addresses.

7) In order that we may confirm your identify, please enclose a copy of one of the following forms of identification showing your current address:

Utility bill		TV Licence	
Local Authority Tax Bill		Correspondence from HMRC	
Vehicle registration document		Student loan bill	
Photo card driving licence			

We will always attempt to verify your identity quickly and with minimum inconvenience to you. However, if we cannot be certain that you are entitled to disclosure of the information you have requested, as permitted by the Data Protection Act, we will request further documentation to establish your identity.

8) A fee is chargeable as permitted under the Data Protection Act. Please enclose a cheque or postal order for £10 made payable to “Motor Insurers Bureau”.

A reply will be made within 40 days of receipt of this completed form, identification and fee.

9) Signature of the person named in section 1, above:

_____ Date _____

Please return this form to: Risk and Compliance Officer (CUE and MIAFTR) Dept 3
Motor Insurers’ Bureau
Linford Wood House
6-12 Capital Drive
Milton Keynes
MK14 6XT