



Member Application Form

Please complete this form and return it to MIB with a covering letter for:

Chief Finance Officer

Motor Insurers' Bureau

Linford Wood House

6 – 12 Capital Drive

Milton Keynes

MK14 6XT

Motor Insurers' Bureau Application Form

Company Details

Please complete all tables in this section

Applicant Contact Name	
Job Title	
Telephone Number	
Fax Number	
e-mail address	

Proposed date to start underwriting	
IMPORTANT: Your company will be levied from the date you instruct us that you plan to commence underwriting motor business. If this date changes, you must notify us immediately.	

Company Name (in full):	
Company Registration Number	
Company Head Office Address	
Telephone Number	
Fax Number	
Website	
Formation Date of Company	

Date of FCA* Certificate of Authorisation (*or other regulatory authorities)	
Confirmation of UK Agent (refer to supporting document)	Yes / No (delete as appropriate)
Holding Company (if applicable)	
Trading Names (if applicable)	
<i>Note: Company address information will be added to the MIB website</i>	

In addition, MIB ask applicants to provide the following information:

Claims Contact Name	
Job Title	
Address (if different from Head Office address)	
Telephone Number	
Fax Number	
e-mail address	
<i>Note: Company claims contact information will be added to the Council of Bureaux website</i>	

CEO Contact Name	
Job Title	
Address (if different from Head Office address)	
Telephone Number	

Fax Number	
e-mail address	
Please tick the box to confirm if you would like to receive the MIB Road Ahead newsletter (please leave this blank if you do not wish to receive) <input type="checkbox"/>	
Note: Company CEO contact information will not be externally published	

Levy / Finance Contact Name	
Job Title	
Address (if different from Head Office address)	
Telephone Number	
Fax Number	
e-mail address	
Note: Company levy contact information will not be externally published	

Voluntary Additional Contact Name	
Job Title	
Address (if different from Head Office address)	
Telephone Number	
Fax Number	
e-mail address	
Note: Voluntary Additional contact information will not be externally published	

Declaration

By signing this application form, the Applicant accepts and confirms that any dispute arising out of its application for Membership, or Membership, will be governed by English Law and will be subject to exclusive jurisdiction of the Courts of England and Wales only.

I declare that the information I have supplied to MIB on behalf of the applicant is true, complete and correct.

Signature:.....

Name:.....

(BLOCK CAPITALS)

Title:.....

Date:.....

For MIB use only: This form may be copied to the FCA (Insurance Directorate) for information.