

Motor Insurers' Bureau Tel: 01908 830001  
Linford Wood House Fax: 01908 671681  
6-12 Capital Drive Email: enquiries@mib.org.uk  
Milton Keynes www.mib.org.uk  
MK14 6XT

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youtube.com/driveinsured



## 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



599209



579166

Member Application Form  
August 2025

A company limited by guarantee - registered in England at the address above. No 412787

Public Domain



## Motor Insurers' Bureau Application Form

### Company Details

Please complete all tables in this section

Applicant Contact Name	
Job Title	
Telephone Number	
Mobile number	
e-mail address	

Proposed date to start underwriting	
<b>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.</b>	

Company Name (in full):	
Company Registration Number	
Company Head Office Address	
Telephone Number	
Mobile number	
Website	



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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	
Mobile 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	



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(if different from Head Office address)	
Telephone Number	
Mobile number	
e-mail address	
Please confirm if you would like to receive the MIB Road Ahead newsletter YES/NO* (*delete as applicable)	
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	
Mobile 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	
Mobile number	
e-mail address	
<i>Note: Voluntary Additional contact information will not be externally published</i>	

## 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.*

