ata Protection Mandate



DP20 IDS-CLVLND

MANDATE FOR THE RELEASE OF INFORMATION IN ACCORDANCE WITH THE PROVISIONS OF THE DATA PROTECTION ACT 1998 Areas marked with * are mandatory. **Personnel Details** Company Name* Cleveland Fire Brigade Your Employee ID* Dept/Region* Works For Company: Is Additional Driver: And the Main Driver Is: Driver:* If Driver Works for Pool Vehicle/Van: Company Car: Own Car on Business: Occasionally Only: Company:* **Driver Details** Title:* (Mr, Ms, Mrs, Miss, Dr, Prof. etc.) Surname:* First Name:* Middle Initials:3 Other Names Known By: For example SMITH 725083 J99XL if issued by the DVLA. Driver/Licence Number:* Issuer/Country:* Date Entered UK (overseas licences only) Date of Birth: If your licence is issued by another country, please send a good quality copy of all parts of your driving licence. Please write the company name on the copy. Address on Licence (if different) Current Address Address:* Address:* Post Town:* Post Town:* Post Code:* Post Code:* I hereby consent to Intelligent Data Systems (UK) Limited and DriveTech (UK) Limited obtaining from the Driver and Vehicle Licensing Agency (DVLA) (within the meaning of the Road Traffic Act 1988), any licence information which they hold relating to myself, including entitlement to drive and any information about disqualifications and unexpired offences and endorsements, (excluding medical information). I hereby consent to the issuing authority providing such information on request to Intelligent Data Systems (UK) Limited and DriveTech (UK) Limited. I consent to the information being held by Intelligent Data Systems (UK) Limited, Drivetech (UK) Limited and the company named above, who will use the information only for the purpose for which it is intended. This authority will expire whenever I cease to drive in connection with the company (for example, for work, in a company car, or on the company insurance, or any other connection), or 3 years from the date of the signature whichever is the sooner. M Υ Driver's Date of 2 Signature* Signature* Electronic signature cannot be accepted



Return Instructions: Please complete the document, remembering to sign and date it. Then please return the mandate to Carol Wilkinson at HQ.

