



AMENDMENT FORM

Tag Account Number: _____

Tag Account Name: _____

FOR CHANGE OF NAME OR ADDRESS – SEE OVERLEAF

Please amend my vehicle details / return my Tag / add additional vehicles:

Existing Vehicle Registration(s): 1. _____ 2. _____ 3. _____

New Vehicle details:

	Class <small>(Car=Class 2)</small>	Registration	Manufacturer	Model	Colour	Office Use <small>(Tag No)</small>
1						
2						
3						

Please amend my Direct Debit details:

- Cancel my Direct Debit with immediate effect
- Amend the Direct Debit Date to 1st / 15th of Month
- Amend the Direct Debit Amount to £_____ per Month *(minimum of £10 per month)*
(New direct debit mandate required to amend bank account details or set up a direct debit)
- Suspend Direct Debit for _____ months *(Maximum of 6 months)*

Please refund funds / close my TamarTag account:

- Refund £_____ from my TamarTag Account with immediate effect
(This will either be by Cash (if I.D. is provided), or by cheque , or credited into the bank account details held on your TamarTag account)
- Please close my TamarTag account
(This will either be by Cash (if I.D. is provided), or by cheque , or credited into the bank account details held on your TamarTag account)

Signature _____

Print Name _____

Date _____

<p>For Office Use Only:</p> <p>Staff Initials:</p> <p>Date:</p>
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Please amend my name and/or address details to:

Title _____
(Mr/Mrs/Miss/Ms/Other)

First name: _____

Surname: _____
(Please provide certificate(s) for name change)

Address: _____

Town: _____

County: _____

* Postcode: _____

Email address: _____

Home Tel No: _____

* Daytime Tel No: _____

Mobile No: _____

(essential information)*

Please Note: If the Company name has changed please email changes to tagenquiries@tamarcrossings.org.uk

I authorise the following people to discuss or amend my account:

Name: _____ Signature _____

Name: _____ Signature _____

Please remove the following signatories from my account:

Name: _____

Name: _____