

TFP Schemes Adjustment Form**Tel: 029 20 30 10 30****Fax: 029 20 30 10 40**

Agent: _____ Contact: _____

Telephone No: _____ Fax No: _____ Date: _____

Client: _____ Policy Number: _____

Vehicle Amendment	Addition	Deletion	Change of Vehicle	Change of Address	Change of Cover/Driver
Please tick box					
Amendment Date:					

Additional Vehicle					
Make & Model			CC	Registration Number	
Cover	Seats	Year	Value	Use	

Deleted Vehicle			
Make & Model		CC	Registration Number
Reason for deletion (eg. Accident, sold)			

Other Amendments - Additional Driver Details			
Name	Date of Birth	Length of Licence	Length Taxi Badge Held
Accidents/Convictions			

Change of Address	
	Post Code

Cancellation			
Is this due to an accident?		Has the annual premium been collected?	
Has a cancellation notice been issued to the client & certificates requested?			

Comments	

Office Use Only	
Premium (Incl. £15 fee) Additional £ _____	Return £ _____ Our Ref: _____