

<b>SECTION 1. Licence details:</b>	
Plate Number: _____ Registration: _____ Expiry Date: _____	
<b>SECTION 2. Licensee(s) Details: Please list all names, addresses and signatures of all Licensee(s)</b>	
<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Signature _____</p> <p>Date: _____</p>	<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Signature _____</p> <p>Date: _____</p>
<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Signature _____</p> <p>Date: _____</p>	<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Signature _____</p> <p>Date: _____</p>
<b>SECTION 3. Surrendering on behalf of the Licensee:</b>	
<p>Are you surrendering the plate &amp; licence on behalf of a Licensee      Yes   <input type="checkbox"/>      No   <input type="checkbox"/></p> <p>If Yes: Please provide your Name, Address and Signature</p>	
<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Signature _____</p> <p>Date: _____</p>	

**SECTION 4. Reason for surrendering the licence: Please state below**

**SECTION 5: Office use only**

Name of Licensing Assistant: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Plate Handed In: Yes  No  Plate Destroyed: Yes  No

Licence Handed In: Yes  No  Surrendered / Lapsed on System Yes  No

**SECTION 6: Office Use Only**

Refund Due: Yes  No  Plate Fee: £ Interim Test Fee: £

Amount Checked By: \_\_\_\_\_

Refund Given: Yes  No  Receipt No: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Refund: Credit / Debit Card  Cheque

Plate Not to Be Issued for 2 Years: Yes  No

**Please Note**

**A maximum of 6 months refund of the remainder of your Licence Fee will be refunded via your original payment method. If the Credit/Debit card has expired then your refund will be in the form of a Cheque.**