



MOTOR DRIVERS' FUND CLAIM FORM

Please provide as much detail as possible - continue on a separate sheet if necessary

Name:..... Membership Number:.....

Name of Branch:.....Driving Licence Number:.....

Address:.....

Nature of summons or content of notice of intended prosecution:.....

Place and date of hearing:.....

Date and full details of alleged offence: (see note 2).....

Answer to charge: (see note 3).....

Name and address of witnesses:.....

Parking Offences: Please provide reasons for illegally parking.....

Mobile Phone Offences: Please provide reasons for using mobile phone whilst driving.....

Were you driving during the course of your employment? Yes No

Do you require legal representation? Yes No

If yes, please provide a contact number for the solicitors.....

If no, please attach: copy of the fine and copy of receipt for fine paid.

Signed:..... Date:.....

Return to the Regional Office
GMB, Grove Hall, 60 College Grove Road, Wakefield, WF1 3RN
Tel: 01924 882255 Fax: 01924 881231