

INDIVIDUAL PASSENGER / AFFILIATED GROUP APPLICATION FORM

GROUP CONTACT NAME (Affiliates only) _____

PASSENGER NAME (Individuals only)

Title _____ First Name _____ Last Name _____

House Name _____ House No. _____

Street _____ Village _____

Post Code _____

Home Tel No _____ Mobile No _____

Email Address _____

Do you have a blue badge? Yes / No Do you use a walking frame? Yes / No

Blue Badge Expiry Date _____

How did you hear of us? _____

How many people are in your group? (Affiliated Groups only) _____

CONTACT: Who should we contact in the case of emergency?

Title _____ First Name _____ Last Name _____

Relationship _____

Home Tel No _____ Mobile No. _____

Please make cheques payable to "Community Minibus Association West Sussex".

If you wish to pay by BACS, payments should be made to:

Community Minibus Association West Sussex
Barclays Bank
Sort Code 20-88-13
Account 03413438.

Please use your Surname as a Reference

Please also give us the date of the payment Date _____

PLEASE COMPLETE THE DATA PROTECTION AND GIFT AID DECLARATIONS OVERLEAF

DATA PROTECTION DECLARATION

I agree that the information I have provided may be entered into the Association's database which is solely for the Association's use and is accessible by a limited number of Administrative Volunteers.

Signed _____ Date _____

In accordance with the Data Protection Act and General Data Protection Regulations details of your information that we hold may be requested from the Registration Secretary, who will respond within 30 days. You may ask for your personal details to be removed from the Database at any time and if you cease to be a member your personal details will not be retained for longer than is necessary.

Note for Associate Group applicants – your signature indicates agreement, on behalf of your Group, to ensure that the rules and regulations, policies and procedures of the charity are met and observed throughout the period of use of the charity's minibus.

GIFT AID – CAN YOU HELP US? (INDIVIDUALS ONLY)

Gift Aid Declaration

Boost your donation by 25p of Gift Aid for every £1 you donate

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address overleaf will identify you as a current UK taxpayer.

In order to Gift Aid your donation you must tick the box below:

☐ I want to Gift Aid all donations I have made to the Community Minibus Association (West Sussex) in the last four calendar years, and until further notice.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay the difference.

Signed _____ Date _____

Please notify the charity if you:

- Want to cancel this declaration
- Change your name or home address
- No longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

TO BE COMPLETED BY REGISTRATION OFFICER:

Date of registration _____ Registration No _____

Subscription received £ _____ Division _____