



# 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