



AMENDMENT FORM

Tag Account Number: _____

Tag Account Name: _____

FOR CHANGE OF ADDRESS – SEE OVERLEAF

Please Amend My Vehicle Details / Return My Tag / Add Additional Vehicles To My Account:

Existing Vehicle Registration(s): 1. _____ 2. _____ 3. _____ 4. _____

New Vehicle details:

Vehicle details are embedded onto each TamarTag. Please complete fully for each vehicle.

Table with 7 columns: Class (Car=Class 2), Manufacturer, Model, Colour, Registration, Office Use. Rows 1-4.

An additional Top-Up payment of £15, for each additional vehicle, is required by Cash/Cheque/Card (Cheques made payable to Tamar Bridge)

Please Amend my Direct Debit details:

- Cancel my Direct Debit with immediate effect
Amend the Direct Debit Date to 1st / 15th of Month
Amend the Direct Debit Amount to £___ per Month (minimum of £10 per car)
Refund £___ from my TamarTag Account with immediate effect
Suspend Direct Debit for ___ months
Please close my tag account (A cheque will be issued for the closing balance)

I authorise the following people to discuss or amend my account:

Name: _____ Signature _____

Name: _____ Signature _____

Signature _____

Print Name _____

Date _____

For Office Use Only: Staff Initials: Date:

Please Amend My Address Details To:

Title _____
(Mr/Mrs/Miss/Ms/Other)

First name: _____

Surname: _____

Company name: _____

Address 1: _____

Address 2: _____

Town: _____

County: _____

Postcode: _____

Email address: _____

Home Tel No: _____

Daytime Tel No: _____

Mobile No: _____

Please remove the following signatories from my account:

Name: _____ Signature _____

Name: _____ Signature _____