PLEASE READ CAREFULLY THEN COMPLETE AND SIGN <u>ONE</u> OF THE THREE PARTS BELOW IN BLOCK CAPITALS AND *RETURN THE* <u>WHOLE</u> <u>ORIGINAL FORM TO: TRAFFIC CRIMINAL JUSTICE OCU, PO BOX 510, DA15 0BQ.</u> (DO NOT RETURN A PHOTOCOPY.) <u>THE</u> <u>FORM MUST BE COMPLETED BY THE ADDRESSEE AND NOT HANDED TO ANYONE ELSE.</u>

PART 1 (I am the person to whom this form is addressed and I was the driver)		
I was the driver at the time shown overleaf. I confirm the following details:		
Title	Surname	
Forename		and the contract of the contra
Address	COLUMN TO THE PROPERTY OF THE	
Post Code	Telephone number	
Driving Licence No.		Date of Birth
Signature	CONTRACTOR	Signature date
PART 2 (If y	vou were NOT the Driver at the time of the alleg	ed offence, please <u>enter the driver's details</u> and
complete this part only)  I was not the driver of the vehicle at the time shown overleaf. The driver / hirer was:		
I was not the	driver of the vehicle at the time shown overlear.	ne driver / filler was.
Title	Surname	Metropolitan Police Service
Forename		Exhibit No. Cust No. Serial No. MPSZ12101270  Expect No. OCU: Other Stn. Ref. Lab Ref. No.
Address		Ex. Book No. Joco.
		Description of exhibit:
Post Code	Telephone No.	From place/person:
	The state of the s	Taken by: Date: Time: Sealed by: Date: Time:
Signature		I IDENTIFY THIS EXHIBIT AS THAT REFERRED TO IN
PART 3 (If you were NOT the keeper or owner of the veh		
the keeper or owner details and complete this section)  Signature: Signature(s) of additional witness(es)		
	shown overleaf was transferred/acquired on:	
Name/ Company		
Address		
		MP 1404/04 MPSZ12101270 Form 420B
Date of Birth	DDMM YYYY Telephone No.	
Signature		Signature date DD MM YYYY
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