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

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		
Address		
Post Code	Telephone number	
Driving		Date of Birth
Licence No.		Recovered Recovered Description and Control of the
Signature	COTINION AND AND AND AND AND AND AND AND AND AN	Signature date
DART 2 /If	you 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. T	ne griver / niiei was.
Title	Surname	Metropolitan Police Service
Forename		Exhibit No. Cust No. Serial No. MPSZ12101270  Other Stn Bef. Lab Ref. No.
Address		Ex. Book No. Joco.
		Description of exhibit:
Post Code	Telephone No.	From place/person:
	Звистем вбоих доля вб-интелнив коменной придости по при по придости по придости по придос	
		Taken by:Time:
Signature	-	Sealed by:Time:TIME:
PART 3 (If you were NOT the keeper or owner of the veh		
the keeper o	or owner details and complete this section)	Signature: Signature(s) of additional witness(es)
	shown overleaf was transferred/acquired on:	Orginal (1)
Name/ Company		
Address		
		MP 1404/04 MPSZ12101270 Form 420B
Date of Birth	D D M M Y Y Y Y Telephone No.	
Signature	guida de para de materia de materia de la composição de materia de	Signature date DD MM YYYY