

STAFF CAR SHARING SUPPLEMENTARY FORM

THIS FORM SHOULD BE COMPLETED JOINTLY BY THOSE INVOLVED IN A CAR SHARING SCHEME - ONE PERSON NEEDS TO PURCHASE THE PERMIT FROM THE ONLINE STORE, AND ON RECEIPT OF THIS FORM THEIR PERMIT WILL BE UPDATED WITH THOSE INVOLVED IN THE OTHERS THAT THEY WISH TO BE INCLUDED ON THE PERMIT/SCHEME.

(Note that that the car sharing scheme only allows one member of the scheme to bring their car into any University Car Park on a particular day, only the first person to enter will be allowed to do so using their card, the rest will have to take a daily ticket).

If you change your vehicle/registration number please notify us immediately.

Complete details below for EACH driver involved in Car Sharing Scheme. If required use multiple forms.

Applicant No.1 Details:		
Title: (Mr/Mrs/Ms/Miss/Dr/Prof)	Surname:	Forename:
Faculty/Department:		Staff Number:
Home Campus :		
Contact Tel No:		Email address:
	Vehicle Details:	
Veh Reg No:		Vehicle Make:
Model:		Colour:
Applicant No.2 Details:		
Title: (Mr/Mrs/Ms/Miss/Dr/Prof)	Surname:	Forename:
Faculty/Department:		Staff Number:
Home Campus :		
Contact Tel No:		Email address:
	Vehicle Details:	
Veh Reg No:		Vehicle Make:
Model:		Colour:

Applicant No.3 Details:		
Title: (Mr/Mrs/Ms/Miss/Dr/Prof)	Surname:	Forename:
Faculty/Department:		Staff Number:
Home Campus :		
Contact Tel No:		Email address:
	Vehicle Details:	
Veh Reg No:		Vehicle Make:
Model:		Colour:
Applicant No.4 Details:		
Title: (Mr/Mrs/Ms/Miss/Dr/Prof)	Surname:	Forename:
Faculty/Department:		Staff Number:
Home Campus :		
Contact Tel No:		Email address:
	Vehicle Details:	
Veh Reg No:		Vehicle Make:
Model:		Colour:
Completed fo	orms should be returned to <u>c</u>	arparks@ulster.ac.uk
Office Use Only		
Approved by: (Name & Title)		Date:
Tickets Issued:		Date:
Ticket Receipt Acknowledged:		Date:
Costs Recharged:		Date: