**CERTIFICATE OF MAINTENANCE OF MOTOR VEHICLE INSURANCE (CMV2)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Payroll Number**: | X |  |  | |  | |  | |  |  |  | |  | | | | |
|  | | |  | | | | | | |  | | | | | | | |
| **Name :** | | | | | | | | | | | | | | | | | |
| E MAIL ADDRESS : | | |  | | | | | | | | | | | | | |  |
| Designation : | | |  | | | | | | | | | | | | | |  |
| Region : | | | | | | Location : | | | | | |  | | | | | |
| **PARTICULARS OF PRIVATE MOTOR CAR** | | | | | | | | | | | | | | | | | |
| (a) Year of Car: | | | | | | | | | |  | | | |  | | | |
| (b) Make of Car: | | | | | | | | | |  | | | |  | | | |
| (c) Cubic Capacity: | | | | | | | | | |  | | | |  | | | |
| (d) Registration Number: | | | | | | | | | |  | | | |  | | | |
| **PARTICULARS OF INSURANCE POLICY** | | | | | | | | | | | | | | | | | |
| (e) Name of Insurance Company: | | | | | | | | | | | | | | | | | |
| (f) Number of Policy: | | | | | | | | | | | | | | | | | |
| (g) Type of Policy: | | | | | | | | | | | | | | | | | |
| (h) Cover date: From: To: | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **I declare that the above noted motor vehicle insurance is maintained which satisfies all the requirements of the Scottish Home and Health Department’s Memorandum 65/1966, and circular (SHHD/DS (79) 55 (as amended SHHD/DS (82)55), the contents of which I am aware.**  **Particulars of the motor vehicle and insurance policy are appended.** | | | | | | | | | | | | | | | | | |
| **Car User Signature:** | | | |  | | | | | | | | | | | **Date: / /** | | |
| **PLEASE ATTACH A PHOTOCOPY OF:**   * **Insurance Certificate (You must be covered for business use)** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **I declare that the above is required to use this car for business purposes and has relevant insurance cover. I can confirm that I have seen the following documents and all are valid for the times of claim:**  **1) Driving license**  **2) MOT certificate** | | | | | | | | | | | | | | | | | |
| **NES Line Manager Signature:** | | | | | | | |  | | | | | | | | | **Date: / /** |  | **Date:** |
| **Print name:** | | | | | | | | | | | | | | | | | |
| **For Office Use only:** | | | | | | | | | | | | | | | | | |
| **User Type: STANDARD / REGULAR / PUBLIC MILEAGE** | | | | | | | | | | | | | | | |  | |
| **Finance Assistant Signature:** | | | | | | | | | | | | | | | | **Date: / /** | |

**Please return completed form and copy of Certificate of Insurance to:**

Payroll, NHS Education for Scotland, 2nd Floor, Westport 102 Westport, EDINBURGH, EH3 9DN