**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