

C I F A S

PROTECTIVE REGISTRATION

Please complete this form in as much detail as possible **IN BLOCK CAPITALS** (fields marked * must be completed) and return to CIFAS Protective Registration, Capital House, E-State, Bankhead Crossway South, Edinburgh, EH11 4EP.

Your Details:

*Title	*First Name(s)	*Surname	*Date of Birth

Address detail:

*Current Address:	
*Postcode:	
*At address since (month/year):	
Home Telephone Number:	
Mobile Telephone Number:	
Email Address:	

Previous Address: (Only complete if at risk eg. details lost / stolen)	
Time at address (approx):	

If you are in any form of employment, please complete this section and tick *all* relevant boxes:

Employed Self-Employed Full Time Part Time Other

Job Title:	
Employer Name & Address:	
Time with Employer:	
Work Contact Tel Number:	

*** Payment Method:**

Protective Registration is subject to an administration charge of £14.40 including VAT. All postal applications must be accompanied by a cheque or postal order.

Cheque / PO (Please make payable to CIFAS and enclose with this form.)

Should you wish to pay by Maestro / Delta / Visa / Mastercard, please call our telephone service on 0330 1000 180 to register.

* Why do you require Protective Registration?	Please list any documents which have been stolen or lost:

Has the incident been reported to the police? YES / NO

Police Force: _____ Incident / Crime Reference Number: _____

How did you find out about Protective Registration?

Police CIFAS Website Bank or Building Society Media Other

This service was recommended to me by (company/organisation): _____

FAIR PROCESSING NOTICE

I hereby request Protective Registration under the *CIFAS – The UK's Fraud Prevention Service* scheme, and declare that the information supplied in this application is true and correct. I agree to the information being made available to the Members of CIFAS and to fraud prevention agencies participating in CIFAS. Law enforcement agencies may also access and use this information. We and other organisations may also access and use this information to prevent fraud and money laundering, for example when:

- Checking details on applications for credit and credit related or other facilities
- Managing credit and credit related or other facilities
- Recovering debt
- Checking details on proposals and claims for all types of insurance
- Checking details of job applicants and employees.

Please write to us at CIFAS Protective Registration, Capital House, E-State, Bankhead Crossway South, Edinburgh, EH11 4EP or look at our website www.cifas.org.uk if you want to receive details of the relevant fraud prevention agencies. We and other organisations may access and use from other countries the information recorded by fraud prevention agencies.

I am aware that CIFAS and the fraud prevention agencies will also use the records for statistical analysis about fraud. I note my right, on payment of fee, to receive a copy of all the information you hold about me if I apply to you in writing. I understand that Protective Registration will remain on the CIFAS database for a minimum of twelve (12) months. I understand that Protective Registration is a benefit to me, CIFAS and its Members. I accept that CIFAS and its Members will make all reasonable efforts to protect me from fraud. I understand that Protective Registration may result in a slight delay to any applications I or other members of my household make whilst checks are carried out.

By signing this document you signify that you have read, understood and agree to the Fair Processing Notice

*Signed:	*Date:
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