



Change of Name or Address Driving Licence



Please complete the form in block capitals and black ink and return to the nearest Post Office for document checks and forwarding for processing or post to: I.o.M. Post Office, Licensing Agent, PO Box 367, Douglas, Isle of Man, IM99 3HA.

Title (Mr, Mrs, Miss, Ms, Other)

Forename (s)

Surname (new surname if applicable) *

Address (New Address if applicable)

Post code

Telephone number

* Please supply valid certification of name change e.g. marriage certificate, deed poll certificate.

Section 1.

Place of birth

Date of birth

Driving Licence number

Date of expiry

Official use only

ID	Type	Lic.type
Post	counter	Fee paid
Organs	Photo	Issuer

Do you have epilepsy, sudden attacks of fainting or giddiness or any other disability that could affect your driving now or in future? Yes No

If yes, please give details.

Can you read a number plate in good daylight, with or without glasses or lenses from 20.5 metres (67 feet) for figures 79.4mm (3 1/8) high? Yes No

- Please include the following:
1. Passport sized colour photograph.
 2. Your full current Driving Licence.
 3. Proof of Name change (if applicable).

<input type="text"/>
<input type="text"/>
<input type="text"/>

All personal data will be processed in accordance with the Data Protection Act 2002. We will only seek information relevant to your vehicle and will not disclose your information unless we have a statutory obligation or are permitted to do so by law.

I declare that the information in this application is true to the best of my knowledge and that I am not disqualified from holding or obtaining a replacement driving licence.

Signature

Date