

Essex Partnership University NHS Foundation Trust
Salary Sacrifice
Vehicle Application

In order for us to process your application speedily, please complete all sections

Vehicle Quotation Information

Employee Name _____ Payroll No _____

Example.
Make _____ Model _____ Derivative _____
Petrol/Diesel _____ No of Doors _____ Manual/Automatic _____
Extras _____
Business Mileage _____ Private Mileage _____ Total Mileage _____

1. Vehicle Information

Make _____ Model _____ Derivative _____
Petrol/Diesel _____ No of Doors _____ Manual/Automatic _____
Extras _____
Business Mileage _____ Private Mileage _____ Total Mileage _____

2. Vehicle Information

Make _____ Model _____ Derivative _____
Petrol/Diesel _____ No of Doors _____ Manual/Automatic _____
Extras _____
Business Mileage _____ Private Mileage _____ Total Mileage _____

FP09/15 SALARY SACRIFICE CAR LEASING PROCEDURE

3. Vehicle Information

Make _____ Model _____ Derivative _____

Petrol/Diesel _____ No of Doors _____ Manual/Automatic _____

Extras _____

Business Mileage _____ Private Mileage _____ Total Mileage _____

4. Vehicle Information

Make _____ Model _____ Derivative _____

Petrol/Diesel _____ No of Doors _____ Manual/Automatic _____

Extras _____

Business Mileage _____ Private Mileage _____ Total Mileage _____

To ensure an accurate quote is received please clearly state all extras i.e. metallic or solid paint, colour, engine size, interior trim leather or cloth etc.

Applicant

Signed _____

Print Name _____

Date _____

SAMPLE DO NOT USE