



**know-id.**  
Mansfield Proof of Age Scheme.

# Application Form

## Personal Details...

Title \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initials \_\_\_\_\_  
 Surname \_\_\_\_\_ Male  Female  Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 House Number \_\_\_\_\_ House Name \_\_\_\_\_  
 Street \_\_\_\_\_ Town/City \_\_\_\_\_  
 County \_\_\_\_\_ Post Code \_\_\_\_\_  
 Home Tel Number\* \_\_\_\_\_ Mobile\* \_\_\_\_\_  
 Email Address \_\_\_\_\_

If you have moved in the last 3 years please enter your previous address below...

House Number \_\_\_\_\_ House Name \_\_\_\_\_  
 Street \_\_\_\_\_ Town/City \_\_\_\_\_  
 County \_\_\_\_\_ Post Code \_\_\_\_\_

## Identification Produced...

Passport... please enter your passport number here \_\_\_\_\_  
 Photo Drivers Licence... Please enter your driver licence number here \_\_\_\_\_  
 Citizencard... Please enter your citizencard number here \_\_\_\_\_

**The above ID must produced to verify your application**

## Terms and Conditions...

- I acknowledge that providing false information is a criminal offence (Fraud Act 2006). I understand know id will not complete registration unless all requirements have been met
- I consent to being contacted by know id in connection with legal, advisory and promotional purposes.
- I understand that an incomplete application form cannot be processed.
- I understand that appropriate ID must be shown to complete my application

Signature \_\_\_\_\_ Date \_\_\_\_\_

## For Office Use Only...

by signing below i confirm that the above details have been verified and the person named above is not known personally to me...

Enroller \_\_\_\_\_ Date \_\_\_\_\_

Enroller Signature \_\_\_\_\_

All data processed by know id is in accordance with the provisions of the Data Protection Act 1998. Your details will only be used for administrative purposes by know id staff or agents and will not be released to any third party without your written consent.