



Vehicle Surrender Form

I certify that I am the owner of the under noted vehicle and hereby authorise Recycle A Car to undertake its removal and disposal.

Vehicle Location

Name	
Address	
City	
Post Code	
Telephone Number	

Vehicle Details

Make	
Model	
Colour	
Vehicle Registration	

Registered Owner Information

Name	
Address	
City	
Post Code	
Signed	
Date	

Office Use

V5 Document Retained	Yes / No
Identification	Driving Licence / Passport
Number	
Payment on Collection	Yes / No
Payment Amount	
COD Issue Date	
Employee Initials	