

**DEFENCE POLICE FEDERATION GROUP INSURANCE SCHEME
New Recruit Application Form**

NAME STATION

ADDRESS _____

POSTCODE _____

Staff Number:

Force No: Rank: _____ Federation No:

Date joined Force: _____ / _____ / _____ Date of Birth: _____ / _____ / _____

Email address: _____

Phone number: _____

I wish to join the DPF Group Insurance Scheme and authorize CPRO(B) to deduct the appropriate premium from my salary commencing 4 months after my joining date.

Cover is provided free of charge for the first 4 months of the scheme membership

SIGNED DATE
By DPF Member

Please Note: Our Privacy Notice can be viewed on our website at www.philipwilliams.co.uk
A hard copy can be provided upon request.

CERTIFICATION OF DPF MEMBERSHIP (This section will be completed by DPF Head Office)

I confirm that is a DPF Member.

SIGNED @ DPF HQ Authorisation Stamp (by DPFHQ)

DISTRIBUTION

- A.** This form must be returned to the General Secretary, Defence Police Federation Unit 131, China Works, Black Prince Road, London, SE1 7SJ
Tel: 0203 176 6509/6511/6512
- B.** On certification the General Secretary will forward this form to the relevant pay section CPRO Bath.
- C.** A copy of the form will be returned to the member and also retained at Head Office.

CPRO(B) Use Only
 From Screen 1519 input. _____ Pay clerk initials _____ Date _____