

SOUTH WEST MASTERS MX 2020

CLAIM FORM

RIDERS NAME.....GROUP.....NUMBER.....

CONTACT PHONE NUMBER.....

BANK ACCOUNT DETAILS FOR REFUND

FULL NAME AS APPEARS ON BANK ACCOUNT.....

ACCOUNT NUMBER.....SORT CODE...../...../.....

TYPE OF ACCOUNT, PLEASE TICK ONE.....PERSONAL.....BUSINESS.....

PLEASE E-MAIL COMPLETED FORM TO ..mdmartin@gmx.co.uk

OR POST TO- M.MARTIN-7 BROADWAY ROAD, KINGSTEIGNTON, NEWTON ABBOT,

DEVON – TQ123EH

REFUNDS WILL BE PAID ON RECEIPT OF FORM UP TO 28 DAYS FROM CANCELLATION DATE.