

ID Pass Receipt Form



This receipt confirms that the ID Passes listed have been returned to Gatwick ID Centre for cancellation
 Please complete form and photocopy. Present both copies at ID Centre for stamping by IDC Staff

	ID prefix	ID pass number	Hotstamp number	Name of pass-holder or vehicle registration
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Name of person returning Pass _____ Pass No: _____

Office Use Only

Type of passes returned for cancellation: Please tick as appropriate

1-5 = 1-5 day photographic

1-30 day photographic

VEH = Vehicle pass

Full / Landside or restricted zone pass

Total number of passes returned _____ Date ____/____/____

Received By:

ID Centre Staff Name _____ Signature _____

Cancelled on CEM by: ID Centre staff member name _____ Date ____/____/____