

Ford Fleet Recall Portal

Registration Form

To sign up to the benefits of the Ford Fleet Recall Portal, simply fill in the details and return this form to your Fleet Aftermarket Business Manager, Ford Motor Company Ltd, Room 1/570, Eagle Way, Brentwood, Essex, CM13 3BW.

PLEASE PRINT IN BLOCK CAPITALS

Fleet-Owner Company Name		
Name	<u>Primary Fleet Contact</u>	<u>Secondary Fleet Contact</u>
Job Title		
Email Address		
Contact Telephone Number		
Company Address		
If any vehicles which are owned by your company but are registered under other names, please provide the names and addresses (if necessary, please list on a separate sheet).		

If any of the above details change, please complete a new form with the new details and send it to the address above. Should any details which are recorded on the vehicles V5 registration documents change, then please notify the DVLA directly.

I, the undersigned, have read and understood the Data Protection Responsibilities note overleaf.

Signed	
Print Name	
Position	
Date	

Cont...



Data Protection Responsibilities

Ford Motor Company Limited ("Ford") will accept information regarding the drivers of the affected vehicles with the understanding that the provider of the information (the fleet customer) has upheld their Data Protection responsibilities and obtained the prior consent of the end users to allowing their data to be passed onto Ford for the purposes specified below.

Ford and its agent confirms that in accordance with the Data Protection Act the personal information provided will be kept safe and secure and used solely for the purpose of any recall action relating to the affected vehicles. This may include up to **3** follow-ups to ensure that the vehicle user has been notified to take the required action. It will not be shared with any other party, nor will it be used for any type of marketing activity.

If you wish to view, update, or rectify the data you have voluntarily given to us, please contact: europaanrecallteam@grg.co.uk

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Ford Motor Company Internal Use

Fleet Aftermarket Business Manager Requested

Requested

Signed: _____ Print Name: _____ Date: _____

Fleet Aftermarket Field Manager Approval

Approved

Signed: _____ Print Name: _____ Date: _____

