King's College Hospital
NHS Foundation Trust

Additional Car Details

Should you have any queries regarding the completion of this form, please contact payroll on 020 3299 9090 option 3

**Mandatory Field (if you do not complete all mandatory fields your request will not be processed and you will be asked to complete again)*

Employee Current Details	
Trust *	
Employee No. *	-
Surname *	
Forename(s) *	
Work (NHS) Email address *	

Vehicle Details – Primary Vehicle Details								
Vehicle Make *								
Vehicle Model *								
Vehicle Registration Number *								
Engine Type *	Petrol		Diesel		LPG		Electric	
Car Engine Size *		Motorcycle Engine Size *						
Standard or Essential User *	Standard		Essential					
Effective Start Date for this vehicle*	D D M M Y Y Y Y							

Vehicle Details – Secondary Vehicle Details								
Vehicle Make *								
Vehicle Model*								
Vehicle Registration Number *								
Engine Type	Petrol	☐	Diesel	☐	LPG	☐	Electric	☐
Car Engine Size*			Motorcycle Engine Size *					
Standard or Essential User	Standard	☐	Essential	☐				

After completion please submit via email to: kch.payrollandexpenses@nhs.net