



MINI TeleServices

Change of Service Partner form

Customer Details

	Title		Initials	
First name				
Surname				
Address		Number		
Postcode	County			
Country				
E-Mail Address				
Contact No				

Vehicle Details

Make	Model
	Chassis number
	C A 1 2 3 4 5 A B 1 2 3 4 5 / 6

Preferred BMW Service Partner

Dealership				
Postcode	County			

Dealer Signature _____

Customer

Signature _____

Print Name _____ Date _____

I hereby accept and agree to the MINI Connected - General Terms of Business which may be viewed and printed at www.mini.co.uk/connected-information or handed out by any MINI dealer.