

Please write clearly in capital letters or cross the boxes.

1 Payee Details

Payee	Tenant	<input type="checkbox"/>	Landlord/Agent	<input type="checkbox"/>
Your Reference Number	<input type="text"/>			
Surname	<input type="text"/>			
Other Names	<input type="text"/>			
Title	<input type="text"/>			
Address	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
Telephone Number	<input type="text"/>			

2 Payment Details

Method of Payment	Cheque	<input type="checkbox"/>	BACS	<input type="checkbox"/>
Reason	Lost/Stolen/Destroyed	<input type="checkbox"/>	Not Received	<input type="checkbox"/>
Date Paid	<input type="text"/> / <input type="text"/> / <input type="text"/>			
Amount	£	<input type="text"/>	-	<input type="text"/>
Cheque Number	<input type="text"/>			

3 Bank Details

Bank Account Number	<input type="text"/>
Bank Account Name	<input type="text"/>
Bank Sort Code	<input type="text"/>
Building Society Roll Number	<input type="text"/>

4 Declaration

I understand that if I give information that is incorrect or incomplete, action may be taken against me. This may include court action.

The last payment I received was on / / for £ -
paid to Bank/Building Society

The information I have given on this form is correct and complete. I apply for a replacement and if paid by cheque I undertake to return the original immediately to the Council should it come into my possession.

Signature of Payee	<input type="text"/>
Signature of Witness	<input type="text"/>
Address of Witness	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Date	<input type="text"/>

Once completed please forward this form to the Council's Payment section