

Standing Order Mandate - College form C024

Section A Please complete in **BLOCK CAPITALS in black ink**. Please note: All fees are due regardless of withdrawal from the course(s).

Name, address and postcode of bank/building society

Please pay:

Amount

Date

First payment after enrolment

2nd and final payment

Number of monthly payments

For details see 'How do I pay for my course?' in the part-time prospectus.

Special instructions

Name on account

Sort code

Account no.

Signature(s) of account holder

Date

Name of student if different to account holder

In the event of an overpayment the bank will be required to reimburse the customer direct and send us an advice for reimbursement from which we reserve the right to deduct £10.00 to cover our administration costs.

If for any reason the bank cannot action this mandate, then please return to City of Bath College, Enrolment Office, Avon Street, Bath BA1 1UP.

FOR OFFICE USE ONLY

Section B Do not amend (To be completed by College Enrolment Office)

Please pay to: **Barclays Bank plc, Milsom Street, Bath**

For credit of: **City of Bath College**

Sort code 20 - 05 - 06

Account no. 10630411

Quoting reference:

Section C (To be completed by College Enrolments Office)

Checked by:

Date

Invoice No.

Application for a Reduction in College Fees - College form C025

To qualify for reduced College fees, please complete in **BLOCK CAPITALS in black ink**.

Section A INFORMATION ABOUT YOU

Name

Your National Insurance No.

Address

Date of proposed enrolment

I give permission to my Benefit Office to disclose the information below

Postcode

Signed

Date

Take this form to your relevant Benefit Office (eg Job Centre, DWP, City Council) for completion of Section B. After completion, return it, together with your Enrolment Form, to the Student Advice Centre, City of Bath College to qualify for a reduction. Your benefit must be one of the means tested state benefits listed below.

You may be requested at a later date to complete another CO25 form for the purpose of audit. If your circumstances change you should inform us immediately.

Section B BENEFIT OFFICE (0845 6088597) Please complete this section, stamp, sign and date the form.

This is to confirm that on the proposed date of enrolment the applicant is in receipt of the following benefit.

(Please tick as applicable)

15 Income Based Jobseeker's Allowance

04 Income Based Employment & Support Allowance (ESA)

Name

Please put stamp here

You will also qualify if you're not working and you're financially dependent on someone who gets one of the forms of financial support listed above.

Signed

Date

This form should be returned to the Student Advice Centre, City of Bath College, on completion of both sections.