#

# To be completed by the provider and emailed to the OfS

## **Annex B: Provider details for registration fees**

|  |  |
| --- | --- |
| Provider registered name:  |  |
| UKPRN: |  |
| Provider contact name for registration fees: |  |
| Fees contact email address: |  |
| Fees contact telephone number: |  |
| Address for invoicing (if not registered address): |  |

|  |
| --- |
| **Contact details for accounts payable if different from above** |
| Name: |  |
| Email address: |  |
| Telephone number: |  |

**Payment method**

**Please mark the relevant box with X:**

Annual via direct debit

Quarterly via direct debit

BACS transfer

If you have selected either of the direct debit payment options, does your bank account require two signatures to approve a direct debit?

**Yes / No** (Please delete as appropriate)

If ‘yes’, the OfS will send, to the fees contact above, a direct debit mandate form to be completed manually.

If ‘no’, we will send, to the fees contact above, an email containing a unique link to our online direct debit system.

**Please email your completed form within 14 days (or by 14 June 2019 for 2019-20 fees)** **to:**

FeeQueries@officeforstudents.org.uk

**Phone number for queries about this form:** 0117 931 7111