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

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

|  |  |
| --- | --- |
| Provider registered name:  |  |
| UKPRN: |  |
| Contact (name and position) at provider for registration fees: |  |
| Contact email address: |  |
| 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, above, for the first time, please ensure that the Direct Debit mandate form (Annex C, available separately at: [www.officeforstudents.org.uk/publications/payment-of-annual-ofs-registration-fees/](http://www.officeforstudents.org.uk/publications/payment-of-annual-ofs-registration-fees/)) is also completed.

**Please send your completed form to:**

FeeQueries@officeforstudents.org.uk

**Phone number for queries about this form:** 0117 931 7027