Early Education Funding Summer Term 2023 Change of bank details

1. Provider details

Name of Provider



Important: Only complete this form if your bank details **have changed** since you last made a claim for funding

Contact Name

Address										
						Pos	t Code			_
Talambana N] DEF Norm					J 7
Telephone Number					DfE Nun	nber				_
Provider Type [☐ Childm ☐ Indepe		☐ Gover	nor Managed		Acade Volur			
2. Bank det	ails									
Name of Ba	nk]
Address]
							Post (Code		_
Account Num	ber				Sort code]
Account Name										
3. Declarati	on									
I certify that th (if your setting are required	g is an Ad	cademy, V one of whi	oluntary, ich must l	Governor I be the Head		nde _l xecu	pender utive H	nt setting,	two signa	<mark>atures</mark>
Signed										
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Date										
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			FOR	OFFICE U	JSE ONLY					
Date Receive	ed:									
Checked by:										
Date sent to	AP Team	:								
L										