Issue Date:



Leaseholder Refund Request Form

Account Reference:			A	ccount Balance:		
Property address	•		l I			
Area Admin Unit						
Contact address:						
Leaseholder/s Na	me/s:					
I/We request a refu	ınd of the	e credit balance on the	e above	account in the sur	n of £	
Payment should be	e made v	ria BACS/Post Office (delete a	s appropriate)		
Bankers Name:		Account Number:		:	Sort Code:	
·	6 weeks nts – 2 v	s veeks (minimum paym	ent is £	50, maximum payr	ment is £1,50)0)
Your contact deta	Home:	l v	Vork:		Mobile:	
Telephone: Email Address:	nome.	V	VOIK.		wobile.	
Please note that all name required to sign before with the property of the pro	ed Leasehove can pro Orm to: Of Lamb Services 1st Floo	olders are cess refunds oeth	nically b	y email at <u>HMHon</u>	neOwnership	o@lambeth.gov.uk
The refund is properly payable in the sum of £ and has not previously been paid						Yes
There are no service	rrears (day to day or ma	jor work	s)	-	Yes/No	
There is a debit bala	nce on th	e service charge but a pa	ayment a	arrangement is in pla	ace	Yes/No
Officers Name:						
Date: Signature: I certify that the statements above are correct						
Northgate Debit Batc						
Northgate A/C Debit						
Debit Type	F	REFPO/REFNI				
Date sent to FSS						
Managers Name: _			Sign	ature:		