

# Council Tax

## Registration Form



Address including post code

Date of issue:  
 Account number:  
 Property reference:

### Your details

Title  Mr  Mrs  Miss  Ms  Other (please specify)

Your interest in the property

Freeholder  Licensee   
 Leaseholder  Tenant

First Name

Your previous address

Surname

### Other occupier's details

Sole adult occupier

Relationship to you

Interest in property

Title	First Name	Surname	D.o.B	Spouse/Civil Partner/Son/Daughter etc.	Freeholder, Leaseholder, Tenant, Licensee etc.

### If you are the owner of the property

Date of Completion

Date you moved in

Name and address of Estate Agent and solicitor who dealt with sale

Name of the previous Owner

Fowarding Address of Previous Owner

Estate Agent

Solicitor

### If you are the tenant of the property

Date tenancy started

Date you moved in

End date of tenancy

Name of the Owner and/or Letting/Managing Agent

Owner's address

Is the property let furnished?

YES

NO

Please continue overleaf

**If no-one lives in the property shown on the front of this form**

What is the owner's name & correspondence address?

Date of Purchase

Is the property

Furnished

Date property became unoccupied

Unfurnished

Name of the previous owner(s)

Forwarding address of the previous owner(s) (if known)

**Declaration** I declare that the information given above is correct to the best of my knowledge

Signed:

Daytime

Telephone Number

Full Name:

E-mail

Date:

You can pay your Council Tax at any Post Office, Bank or Building Society. To pay by Direct Debit please complete the form below

**Instruction to your Bank/Building Society to pay Direct Debits**

Please complete parts 1-5 to instruct your branch to make payments directly from your account.

Then return the form direct to: Bromsgrove District Council, Revenue Services, PO Box 7760, BROMSGROVE B60 1AA



- 1st of each month
- 15th of each month
- 21st of each month
- 28th of each month

Originators Identification Number

9 4 1 2 7 2

**1** Please write the full postal address of your branch in the box below

To: The Manager

Bank/Building Society

Address

Post Code

**2** Name of Account Holders(s)

**3** Account Number

**4** Sort Code (if known)

Account Reference

**5** Your instructions to the Bank/Building Society and signature(s)

I/We instruct you to pay Direct Debits from my/our account at the request of Bromsgrove District Council

The amounts are variable and may be debited on various dates.

I/We understand that Bromsgrove District Council may change the amounts and dates only after giving me/us notice.

I/We will inform the Bank/Building Society in writing if I/we wish to cancel the instruction

I/We understand that if any Direct Debit is paid, which breaks the terms of this instruction, the Bank/Building Society will make a refund.

**Banks/Building Societies may refuse to accept instruction to pay Direct Debits from some type of account**

Signature(s)

Date

**The Direct Debit Guarantee**

This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society. If the amounts to be paid or the payment dates change Bromsgrove District Council will notify you 14 days in advance of your account being debited or as otherwise agreed.

If an error is made by Bromsgrove District Council or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.

You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

