



Issue Date:

Leaseholder Refund Request Form

Account Reference:		Account Balance:	
Property address:			
Area Admin Unit			
Contact address:			
Leaseholder/s Name/s:			

I/We request a refund of the credit balance on the above account in the sum of £ _____

Payment should be made via BACS/Post Office (delete as appropriate)

Bankers Name:	Account Number:	Sort Code:
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Processing Information

BACS Payments – 6 weeks

Post Office Payments – 2 weeks (minimum payment is £50, maximum payment is £1,500)

Your contact details

Telephone:	Home:	Work:	Mobile:
Email Address:			

Leaseholder/s Signatures:

Please note that all named Leaseholders are required to sign before we can process refunds	

Please return this form to:
London Borough of Lambeth
Homeownership Services
Blue Star House (1st Floor)
234-244 Stockwell Road
London SW9 9SP

Alternatively, we can accept signed forms electronically by email at HMHomeOwnership@lambeth.gov.uk

Office Use Only

The refund is properly payable in the sum of £ _____ and has not previously been paid	Yes
There are no service charge arrears (day to day or major works)	Yes/No
There is a debit balance on the service charge but a payment arrangement is in place	Yes/No

Officers Name: _____

Date: _____

Signature: _____

I certify that the statements above are correct

Northgate Debit Batch No	
Northgate A/C Debit Date	
Debit Type	REFPO/REFNI
Date sent to FSS	

Managers Name: _____ Signature: _____