

£30 Real Nappy Incentive Application Form



1. Please acknowledge that you accept the terms and conditions:

- a. The baby must reside in the borough of Bournemouth
- b. Applicants can only make one claim per baby and the baby must be under the age of 18 months at the time of application
- c. Applicants must spend a minimum of £45 on the purchase of real nappies in a single transaction
- d. Applicant must agree to complete a feedback questionnaire if contacted at a later date

I, _____ agree to the terms and conditions

Signature of parent/legal guardian _____ Date _____

2. Tick one of the following options:

- Please send me a £30 voucher. I will only use this at a retailer selected from the list provided with the voucher. Vouchers will expire after 6 months.
- I have brought my own real nappies. Please find enclosed the receipt. Receipt dates must be within 6 months of the application.

3. Please complete as the parent/legal guardian (This must also be the baby's residency):

Title (Miss, Mrs, etc) Name

Address

Postcode Baby's date of birth OR expected delivery date

Contact Number Email

Where did you hear about the scheme?

4. Please include:

- A photocopy of your council tax statement to confirm you are a Bournemouth resident
- A photocopy of your baby's birth certificate OR a photocopy of the mother's MAT B1 form if the baby has not been born yet.
- A photocopy of the itemised receipt of your real nappy purchase (if applicable)
- If applying for a refund rather than a voucher- a completed BACS form (If applicable)

5. Please send to: Bournemouth's Real Nappy Incentive Scheme, Recycling, Southcote Road Depot, 103 Southcote Road, Bournemouth, BH1 3SW

Data Protection Act 1998

The Council may hold the information that you provide in both computerised and manual record systems. Information will be held and used in compliance with the Data Protection Act 1998. You are able to see a copy of the information held about you on application to the Council's Data Protection Officer. For further information about access please ask for a copy of the Council's Data Protection leaflet.

The Council is under a duty to protect the public funds that it administers and, to this end, may (also) use the information that you have provided within the Council for:

- the prevention & detection of fraud
- to support

The Council may also share this information with other bodies administering or in receipt of public funds solely for these purposes.

P.T.O

Bournemouth Borough Council BACS Form



Please complete this form in BLOCK CAPITALS, sign and return.

PART A:

SN.

Full Name _____

(Office use)

Address _____

Post Code _____

Telephone _____

Contact Email address _____

PART B: To be completed to; receive payments by BACS **or change current bank details**

Bank Name _____

Bank Address _____

Bank Sort Code - -

Account Number

If Account Holder is different to that stated in part A, please complete the following:

Account Holder Name _____

Account Holder Address _____

_____ Post Code _____

Signature _____ Date _____

Signature _____ Date _____

If the account is in joint names, BOTH signatures (not typed or printed) are required.

By signing this form you are also signing to say you have read the data protection statement on page 1.

