

Free Entitlement Funding Provider Directory – Change of Details

Section 1: What has changed?			
Change of Provider Name registered with Ofsted	<input type="checkbox"/>	Please complete Section 2	
Change of Provision – Increase / Decrease in places	<input type="checkbox"/>	Please complete Section 3	
Change to your Ofsted Registration	<input type="checkbox"/>	Please complete Section 4	
Transfer of Ownership – retaining same Ofsted Registration e.g. Directorship Buyout	<input type="checkbox"/>	Please complete Section 5	
Change of Bank Details	<input type="checkbox"/>	Please Complete Section 6	
Section 2: Change of Provider Name (as registered exactly with Ofsted)			
Current Provider Name:			
New Provider Name:			
Section 3: Change of Provision			
Change to Number Registered For:			
Provider Name:			
Current Number		New Number	
Reason for change e.g. opened / closed a room			
How will this affect the number of funded places you can offer?			
Please state the maximum number of FEF places (Full or Part time equivalent as appropriate) you can accommodate for these age ranges:	2 Year Olds		
	3 & 4 Year Old		
Section 4: Change to your Ofsted Registration Details			
Current Registration Name:			
New Registration Name:			
Current Registration Address:			
New Registration Address			
Section 5: Change of Ownership (under same Ofsted Registration)			
Provider Name:			
Name of New Owner(s) / Partners / Director(s) / Trustee(s)			
1.			
2.			
3.			
4.			
5.			
If your setting is owned/ managed by a registered company with a different name to your setting please provide the following details to advise of all changes:			
Registered Company Address:			
	Postcode:		
Company registration number:			

Tameside MBC

Children's Services Directorate

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Section 6: Change of Bank Details:

Please complete the BACS form contained at the end of this form and return it together with a copy of your most recent Bank Account Statement which should show the account name

Completed BACS Form and most recent Bank Statement attached

☐**Section 7: Declaration**

I confirm that the above information is correct and continues to meet the conditions of eligibility for registration and inclusion to the Tameside's Directory of Providers.

Signed:

Date:

Print Name:

Position

FOR FUNDING OFFICE USE ONLY

Processed by:

Date

Notes

Section 8: BACS Form**PAYMENT OF FREE ENTITLEMENT FUNDING**

Please make payments of Free Entitlement Funding by BACS (Bankers Automated Clearing Services).

Please note: - payments must be made to an account where the account name is not an individual

Provision Details**Name of Setting:****Address:****Post Code:****Bank Details****Bank Name:****Bank Address:****Bank Post Code:****Account Name:****Bank Sorting Code:****Bank Account Number:****Signed:****Print Name:****Position:****Date:****IMPORTANT**

If your bank account details change, please contact the Funding Team on 0161 342 2299