**Appendix A: REFER-A-FRIEND REGISTRATION/CLAIM FORM**

***Name and bank details of Referrer (to enable commission payments to be made):***

|  |  |
| --- | --- |
| **Name of Referrer** |  |
| **Bank name** |  |
| **Account name** |  |
| **Account number** |  |
| **Sort Code** |  |
| **Date of Claim** |  |

***Details of your friend / new student (to be completed by the Referrer):***

|  |  |
| --- | --- |
| **Name of new LAT student** |  |
| **Email address of new LAT student** |  |

*Note that new student fees must be paid in full before the Reward can be processed*

***To be completed by LAT:***

|  |  |
| --- | --- |
| **New Student ID** |  |
| **Course Fee (inc. VAT)** |  |
| **Course Fee (ex. VAT)** |  |
| **Reward amount** |  |
| **Date new student paid fees in full** |  |
| **Recruiter Name** |  |
| **Recruiter Signature** |  |
| **Authorising Manager Name** |  |
| **Authorising Manager Signature** |  |
| **Date of Authorisation** |  |