

UNIVERSITY PAYMENT SYSTEM CLAIM FORM

Form: UPS3

	Only to	be used for Stu	ıde	nt Maintenand	ce payı	ments
		CLAIM	[AN'	Γ DETAILS		
If you have a person	nal referer	nce number from a	prev	vious claim, please	enter it l	nere:
Personal Details			1	ldress/Contact deta	:1 a	
1 ersonai Deiaiis			At	iaress/Contact aeta	us	
Status	Student M	Taintenance	House Name			
Title*				lumber/Street*		
Forename 1*			L	ocal Area		
Forename 2			P	ost Town*		
Surname*	burname*		P	ost Code*		
Gender (circle)* M/F/Unknown		nknown	C	ounty		
Date of Birth*	Date of Birth*		Country			
NI Number			\mathbf{E}	mail Address*		
4. 1	C' 1.1		,		1.	1 '
* indicates mandator	ry fields		(er	nail address is requi	red to su	oply remittance advice)
Bank Details (UK o	nlv)					
Dank Details (OK of	nty)					
Bank Name*				Branch		
Sort Code*				Account Number	*	
Roll Number (if applicable)						
		nts, please complete	e for	m UPS IPO and se	nd to the	e Payroll Department
Student's declaration	on					
I confirm that I am a	atudont at	University of Comb		and am not undante	oleina anv	, vyouls on monforming onv
duties in relation to t		<u>-</u>	riage	e and am not underta	aking any	work or performing any
duties in relation to	illis payillei	11.				
Claimant Signature:					Da	te



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D	4 C 1		4 P.												
Paymen	t Code		Payment Reason												
ST01		Studen	tship Maintenance												
			PAYMENT DETA	ILS	<u>-</u>										
Number	of Week	s for this clain	n:												
Payment Code	Start Date	End Date	Accounting Code (24 Characters)	Description	£	£	£	£	р	p					
ST01															
ST01															
ST01															
ST01															
ST01															
ST01															
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