

This form must be completed in **CAPITAL LETTERS**. Please ensure that you complete the relevant sections where indicated. This information will be used only to advise us about new residents moving into accommodation covered by an ARC concessionary TV Licence. **IMPORTANT NOTE:** Please ensure all residents are aware that they are required to hold the relevant full fee TV Licence or free over 75 TV Licence while this additional application is pending. Residents should not assume they are covered by an ARC concessionary licence until confirmed by TV Licensing. Please use additional forms as necessary.

More information can be found at tvlicensing.co.uk/reducedfee

SECTION 1: RESIDENT DETAILS (To be completed for all new residents)

RESIDENT ONE:

Resident full name:

Date resident moved in or became eligible (DD/MM/YYYY):

Resident age:

Address (including room or block):

ARC/Scheme postcode:

Scheme number: 7 0 0 0

Does the resident use a TV set in their room or flat?

YES

NO

If the resident is aged over 60 years, do they work more than 15 hours a week?

YES

NO

Is the resident disabled?*

YES

NO

*A person is disabled if: (i) their sight, hearing or speech is substantially impaired; (ii) they have a mental disorder; or (iii) they are physically substantially disabled by an illness or any impairment present from birth or otherwise.

RESIDENT TWO (if applicable):

Resident full name:

Date resident moved in or became eligible (DD/MM/YYYY):

Resident age:

Address (including room or block):

ARC/Scheme postcode:

Scheme number: 7 0 0 0

Does the resident use a TV set in their room or flat?

YES

NO

If the resident is aged over 60 years, do they work more than 15 hours a week?

YES

NO

Is the resident disabled?*

YES

NO

RESIDENT THREE (if applicable):

Resident full name:

Date resident moved in or became eligible (DD/MM/YYYY):

Resident age:

Address (including room or block):

ARC/Scheme postcode:

Scheme number: 7 0 0 0

Does the resident use a TV set in their room or flat?

YES

NO

If the resident is aged over 60 years, do they work more than 15 hours a week?

YES

NO

Is the resident disabled?*

YES

NO

IS PAYMENT REQUIRED?

If the £7.50 fee for the ARC concessionary TV Licence has already been paid during the current licensing period for the accommodation, there will be no need to pay any further fee. If the previous resident is 75 years of age or over then the fee will be deemed to have been paid.

If the resident is under 75 years of age and the fee for the ARC concessionary TV Licence has not been paid for this year for this accommodation, you'll need to make a payment using one of the following methods:

BACS Transfer

Your BACS reference:

Sort code: **60-80-09**
Account number: **30287561**
Account name: **CBS TVL Telebanking**
Reference: **Your 10 Digit CLC Scheme
Reference (e.g. 7000123456)**

Cheque or Postal Order

Payable to: **TV Licensing**
Post to: **Concessionary TV Licensing Centre,
TV Licensing,
Darlington
DL98 1TL**

Please note: For security reasons we cash cheques and postal orders as soon as we receive them. If we find that the resident(s) named on this form do not qualify for a concessionary licence, we'll refund any money paid as soon as processing is completed. Please include your BACS remittance where appropriate.

REFUNDING AN EXISTING LICENCE

If a resident has their own TV Licence that is still valid, please enclose their original TV Licence with this form and if they qualify for an ARC concessionary TV Licence we can send the resident the appropriate refund via a cheque. Alternatively, we can send the refund directly into a resident's bank account if the following information is provided:

Resident name:	Account name:
Account number:	Sort code:
Previous address:	TV Licence number:

Resident name:	Account name:
Account number:	Sort code:
Previous address:	TV Licence number:

Resident name:	Account name:
Account number:	Sort code:
Previous address:	TV Licence number:

SECTION 2: DECLARATION (This must be signed by the Administrator or Manager)

The information I have given is accurate to the best of my knowledge and the scheme continues to meet the criteria for the ARC concessionary TV Licence. There have been no administrative changes that would affect its eligibility.

PRINT YOUR FULL NAME:

YOUR SIGNATURE:

Your job title: **Administrator / Manager** (Delete as appropriate)

Your email address*: **Contact number*:**

Date:

*Please note: Your email address and contact number will only be used for the purposes of contacting you to assist with the processing of this request.

Please return this form to us in one of two ways:

- Email us a completed and signed copy of this form to **enquiries@tvlicensing.co.uk**
- Post a completed copy to us at: **Concessionary TV Licensing Centre, Darlington DL98 1TL**