APPLICATION FOR EXEMPTION/DISCOUNT
Students/Student Nurses (Class N)

Date of Issue

UPRN __________

Name of Liable Person : ______________________

Address of Property:

_________________________________

_________________________________

Name & Address of Landlord:

(if different from above)

_________________________________

_________________________________

Total number of adults resident in property

Date moved into property  ____/____/______

<table>
<thead>
<tr>
<th>Full name of student as detailed on your student registration form</th>
<th>Date of Birth</th>
<th>Name &amp; Address of educational establishment</th>
<th>Name of course being undertaken</th>
<th>Course start date</th>
<th>Course end date</th>
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Please provide proof of student status in the form of a student exemption certificate that is provided by your college or university.

DECLARATION

I declare that the information that is given is, to the best of my knowledge, true and accurate.

Signed

Date

Contact telephone number/ email address ______________________________