Appendix 2

Acceptance of Offer Form

Ref: Total Applications

Project Name:

I/We accept the requirements of the Offer Letter, and Terms and Conditions of the Offer for CIL Funding, from the Borough Council of King's Lynn and West Norfolk in relation to project:

| CIL Funding Awarded: £ |
|---|
| Applicant NameSignature |
| By and on behalf of (name of organisation): |
| Date |
| 2 nd Signatory (required for registered company, partnership, charity body or other public body) |
| NameSignature |
| Date |
| Contact Address for Payment Notice : |
| |
| Email address for remittance |
| Bank Details: |
| Bank Sort Code: |
| Account Number: |
| Account Name: |
| Please return this completed form to the CIL Team via: CIL@west-norfolk.gov.u |