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**Remittance Advice - CIL**

Notifying the Council of Payment of CIL

This form **MUST** be completed in full and emailed to [**CashControlTeam@lewisham.gov.uk**](mailto:CashControlTeam@lewisham.gov.uk) and [**CIL@lewisham.gov.uk**](mailto:CIL@lewisham.gov.uk) . We require this form to be sent at the same time as the payment and without it we will not be able to locate your payment and we will assume that you have not paid.

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| --- | --- |
| Payment Reference:  (Starts with CIL0… Top right of page 01 of the accompanied Demand Notice) |  |
| Demand Notice Issued Date:  (Point 1 of the accompanied Demand Notice) |  |
| Liability Notice Reference:  (Starts with LN0000… Top right of page 01 of the accompanied Demand Notice) |  |
| Planning Permission Reference:  (Point 5a of the accompanied Demand Notice) | DC/ / |
| Site Address:  (Point 5b of the accompanied Demand Notice) |  |
| Name of Developer and Owner/ Other Signatory: |  |
| Contact name: |  |
| Position: |  |
| Telephone number: |  |
| Email: |  |
| Total amount paid: | xxxxx.xx |
|  | xxxxx.xx  Breakdown of CIL Liability (**London Borough of Lewisham**) BCIL |
| xxxxx.xx  Breakdown of CIL Liability (**Transport for London**) MCIL |
| Penalties incurred & paid: | xxxxx.xx |
|  | xxxxx.xx  All Surcharges Total |
| xxxxx.xx  Late Payment Interest (LPI) Total |
| Method of Payment\* | 1. BACS 2. CHAPS |

**\* Methods of Payment**

When making payment - You **MUST** quote the above payment reference

Lewisham Council bank details:

|  |  |
| --- | --- |
| Account Name: | London Borough of Lewisham |
| Sort Code: | 20-00-00 |
| Account Number: | 93380513 |