



CN

# CLAIM FORM

For reimbursement of liquid milk / infant formula **supplied** to children in day care under the age of 5 years

Setting Name and Address

Day Care Provider Nursery Milk Account Number

Payment / Correspondence Name and Address

## COMPLETING THIS FORM

- All claims **must** be submitted within **SIX** months of the claim period shown below.
- If you need to inform us of a change to your trading address or the number of children per session then please send a photocopy of your latest certificate of registration from Ofsted, CSSIW or the Care Commission in Scotland.
- However, if you are changing any other details i.e bank details or the correspondence address then simply cross out the printed information and enter the correct details clearly on the form.

Certificate of Registration number: (if applicable)

Payee Name:	<b>You can now claim monthly online at: <a href="http://www.nurserymilk.co.uk">www.nurserymilk.co.uk</a></b>
Bank Sort Code:	Your website login ID is:
Bank A/C Number (Max 8 digits):	Your password is:

Claim Period:

Number of sessions per week:

Maximum number of children allowed per session:  
(you can only claim once per child per day)



NHS WALES GIG CYMRU



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