

2019/20 ESTATES MANAGEMENT RECORD (C19042)

NIL RETURN

Provider Name:

Provider Id:

Please *sign and return this form by 14 April 2021.

Please return this form by email to liaison@hesa.ac.uk.

*To be signed by the Provider's Head of Provider (Scotland).

I can confirm this provider will not be returning the 19/20 Estates Management Record.

*Signed:

Name (please print):

Position (please print):

Date: