



### Completing this form

Use this form if you want an **intermediary**, such as a relative or Citizens Advice, to act on your behalf about your tax credits and/or Child Benefit. Please do **not** use it to authorise an accountant or other paid professional advisor to act on your behalf. This authority does not allow your intermediary to request personal information held about you under the subject access provisions of the Data Protection Act 1998. For a **joint tax credits claim both applicants need to complete and sign this form.**

### Your details

**Surname**

**First name(s)**

**Address**  
  
  
  
  
**Postcode**

**Date of birth DD MM YYYY**

**National Insurance number if any**

### Your partner's details

**Surname**

**First name(s)**

**Address if different from your partner**  
  
  
  
  
**Postcode**

**Date of birth DD MM YYYY**

**National Insurance number if any**

### Intermediary's details

<p><b>Name of intermediary</b> <input type="text"/></p> <p><b>Address</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>Postcode</b> <input type="text"/></p> <p><b>What is the intermediary's relationship to you?</b> <i>Please complete all the boxes that apply to you</i></p> <p>Relative <input type="checkbox"/>      Friend <input type="checkbox"/></p> <p>Employer <input type="checkbox"/>      Third party organisation <input type="checkbox"/></p>	<p><b>Name of organisation</b> <input type="text"/></p> <p><b>Organisation reference number</b> <input type="text"/></p> <p><b>Name of caseworker if any</b> <input type="text"/></p> <p><b>Case reference if any</b> <input type="text"/></p> <p><b>Phone number</b> <input type="text"/></p> <p><b>You must now complete the authority on page 2</b></p>
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## Tax credits/Child Benefit authority

I have read the Data Protection Act message below and agree that HM Revenue & Customs may give information to, and talk to, the organisation/person named on this form about my

*Please tick the appropriate box below to show which claim or claims your authority applies to*

Tax credits *if you claimed tax credits as a couple, your partner must also sign below*

Child Benefit *please enter your Child Benefit number*

C	H	B												
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The authority will last for 12 months from the date you sign this form unless you enter an earlier end date in this box. If you want to change the date later, please write and tell us.

End date *DD MM YYYY*

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Your signature

Your partner's signature

**PLEASE NOTE WE DO NOT ACCEPT SCANNED OR PHOTOCOPIED SIGNATURES**

Date signed *DD MM YYYY*

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Date signed *DD MM YYYY*

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## Data Protection Act

### How we use your information

HM Revenue & Customs is a Data Controller under the Data Protection Act 1998. We hold information for the purposes specified in our notification to the Information Commissioner, including the assessment and collection of tax and duties, the payment of benefits and the prevention and detection of crime, and may use this information for any of them.

We may get information about you from others, or we may give information to them. If we do, it will only be as the law permits to:

- check the accuracy of information
- prevent or detect crime
- protect public funds.

We may check information we receive about you with what is already in our records. This can include information provided by you, as well as by others, such as other government departments or agencies and overseas tax and customs authorities. We will not give information to anyone outside HM Revenue & Customs unless the law permits us to do so. For more information go to [www.hmrc.gov.uk](http://www.hmrc.gov.uk) and look for *Data Protection Act* within the *Search* facility.

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## Your rights and obligations

*Your Charter* explains what you can expect from us and what we expect from you. For more information go to [www.hmrc.gov.uk/charter](http://www.hmrc.gov.uk/charter)

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## What to do now

When you have completed this form please return it to:

Tax Credit Office  
PRESTON  
PR1 4AT