

## **UK Child Benefit for people coming from abroad**

## **About this form**

There are special rules for claiming Child Benefit for people coming from abroad. You can find more information about this at <a href="https://www.hmrc.gov.uk/childbenefit">www.hmrc.gov.uk/childbenefit</a>

Once you have completed this form, you must sign and date it, then send it back to us with your Child Benefit claim form.

The information you give us on this form may be used to help us deal with any tax credits claim you make.

To find out what you can expect from us and what we expect from you go to <a href="www.hmrc.gov.uk/charter">www.hmrc.gov.uk/charter</a> and have a look at Your Charter.

| Your details  |  |
|---|--|
| Surname   |  |
|   |  |
| First Name(s)   |  |
|   |  |
| Address   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| Date of birth DD MM YYYY  |  |
| National Insurance number   |  |
| Telephone number for contact  |  |
|   |  |
|   |  |
| Please tell us the best time to contact you   |  |
|   |  |
|   |  |
|   |  |
| All and area  |  |
| About you   |  |
| What is your nationality? If you have dual nationality please tell us the names of both countries |  |
| Country 1   |  |
| Country 2   |  |

| About you                                  |  |
|--|--|
| On what date did you last arrive in the Ul | K? DD MM YYYY  |
| What dates have you been in the UK sind    | e (Please see help card Section 2 for date)                |
| From DD MM YYYY                            | To DD MM YYYY  |
|  |  |
| From DD MM YYYY                            | To DD MM YYYY  |
|  |  |
| From DD MM YYYY                            | To DD MM YYYY  |
|  |  |
| From DD MM YYYY                            | To DD MM YYYY  |
|  |  |
| Tell us which country or countries you ha  | ave lived in and the dates you were there                  |
| Country 1                                  |  |
| Country 2                                  |  |
| From DD MM YYYY                            | To DD MM YYYY  |
|  |  |
| From DD MM YYYY                            | To DD MM YYYY  |
|  |  |
| How long do you intend to live in the UK   | ?  |
|  |  |
| What are your NIP and PESEL numbers?       |  |
| NIP  |  |
| PESEL                                      |  |
| Please give the name of the voivodship (   | wojewodztwo) you were resident in when you lived in Poland |
|  |  |
| What was your last address in the countr   | ry you were living in?                                     |
| Address                                    |  |
|  |  |
|  |  |
|  |  |
|  |  |

| About you   |   |   |  |
|---|---|---|--|
| Have you lived with your partner in the UK before?  |   |   |  |
| No  |   |   |  |
| Yes If Yes, were you living with y  | our partner when you last arrived in the U      | K?  |  |
| No Yes  |   |   |  |
| Are you a student?  |   |   |  |
| No If No, go to section <b>About y</b>  | our money                                       |   |  |
| Yes   |   |   |  |
| Do you have Comprehensive Sickness  | Insurance (CSI) in the UK for yourself?         |   |  |
| No  |   |   |  |
| Yes Please send the original insu   | urance document with this form (we can <b>n</b> | ot accept photocopies)  |  |
| If you have CSI, it must be renewed each straight away.   | year as the previous one expires. If you d      | o not renew it you must tell us                                   |  |
| About your money  Do not complete if you are employed or self-employed.  Do you have any other money apart from what you may have already told us about, that you use to support yourself and your family? For example, savings, child maintenance payments, and so on. |   |   |  |
| Yes If Yes, please give details   |   |   |  |
| Income Type   | Amount (£)                                      | How often do you receive this money? For example, weekly, monthly |  |
|   |   |   |  |
|   |   |   |  |
| Do you have Comprehensive Sickness  | Insurance (CSI) in the UK for yourself a        | and your family members?  |  |
| No  |   |   |  |
| Yes Please send the original insu   | urance document with this form (we can <b>n</b> | ot accept photocopies)  |  |
| If you have CSI, it must be renewed each straight away.   | year as the previous one expires. If you d      | o not renew it you must tell us                                   |  |

| About your work in the UK  |  |
|--|--|
| Have you been employed or self-employed at any time since (Please see help card Section 3 for date)  |  |
|  |  |
| No If No, go to the section About looking for work in the UK   |  |
| Veg. If Veg. on what data did you start this work? DD MM VVVV  |  |
| Yes If Yes, on what date did you start this work? DD MM YYYY   |  |
|  |  |
| Milest in company of the contract of the contr |  |
| What is your employer's full name and address? If self-employed write 'self-employed' and tell us the address from which you are working   |  |
| Name   |  |
| Address  |  |
| Address  |  |
|  |  |
|  |  |
| Postcode   |  |
| If you have worked for more than one employer, please tell us the names, addresses and dates you worked in the box below   |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Have you, or will you pay UK National Insurance contributions through your employer or by yourself if you are self-employed?   |  |
|  |  |
| No   |  |
| No. 16 Van frans schot data vill van an National Insurance and the time 2 DD AMA 2000/   |  |
| Yes If Yes, from what date will you pay National Insurance contributions? DD MM YYYY   |  |
|  |  |
|  |  |
| Have you registered with HM Revenue & Customs for self-assessment?  Only complete if you are self-employed   |  |
|  |  |
| No Yes   |  |

| About your work in the UK  |  |  |
|--|--|--|
| Are you registered with any of the Home Office employment schemes listed below?  Do not complete if you are self-employed. |  |  |
| the Worker Registration Scheme   |  |  |
| the Worker Authorisation Scheme  |  |  |
| the Seasonal Agricultural Workers Scheme   |  |  |
| the Sectors Based Scheme   |  |  |
| the Highly Skilled Migrant programme   |  |  |
| No   |  |  |
| Yes If Yes, tell us the name of the employment scheme and your unique reference number                                     |  |  |
| Scheme   |  |  |
| Reference number   |  |  |
| Are you exempt from registration?  |  |  |
|  |  |  |
| No   |  |  |
| Vos. plagas tell us why  |  |  |
| Yes If Yes, please tell us why   |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| About looking for work in the UK   |  |  |
| Are you or have you previously been actively looking for work?   |  |  |
|  |  |  |
| No If No, go to the section About your work abroad   |  |  |
| Yes If Yes, tell us the dates you were looking for work  |  |  |
| Start date DD MM YYYY End date DD MM YYYY  |  |  |
|  |  |  |
| Start date DD MM YYYY End date DD MM YYYY  |  |  |
|  |  |  |

| About loc    | oking for work in the UK         |  |
|--------------|----------------------------------|--|
| Have you re  | egistered with Jobcentre Plus    | s?   |
| Yes          | If Yes, tell us the dates of any | y periods you were registered below  |
|              | DD MM YYYY                       | End date DD MM YYYY  |
|              |                                  |  |
| Start date / | DD MM YYYY                       | End date DD MM YYYY  |
| Start date 2 |                                  |  |
|              |                                  |  |
| No 🗔         | If No, please tell us why        |  |
|              |                                  |  |
|              |                                  |  |
|              |                                  |  |
|              |                                  |  |
| About yo     | ur work abroad                   |  |
| Were you a   | Crown Servant posted overs       | seas?  |
|              | Yes                              |  |
|              |                                  | sident' in the UK prior to that posting?   |
|              | y resident' we mean:             | sident in the OK phor to that posting:   |
|              |                                  | rear you will normally be treated as 'ordinarily resident'                         |
| _            | eated as ordinarily resident in  | the UK from the date you arrive if it's clear that you intend to stay for at least |
|              | present in the UK immediately    | prior to the posting.  |
| No .         | Yes                              |  |
| 110          | 163                              |  |
| Were you w   | vorking in the country you we    | ere living in?   |
| No           | If No, go to the section Abou    | t benefits claimed in the UK   |
| Yes          | If Yes, tell us the full name ar | nd address of your employer  |
|              | Name                             |  |
|              | Address                          |  |
|              |                                  |  |
|              |                                  |  |
|              |                                  |  |
|              |                                  |  |

| About your work abroad  |
|---|
| If you were employed in the country you were living in, please tell us the dates of your employment.  |
| From DD MM YYYY To DD MM YYYY   |
|   |
| Under which countries did you pay National Insurance contributions?   |
|   |
|   |
| If you were paying UK National Insurance contributions do you have a certificate E101, E102 or A1?  |
| No D  |
|   |
| Yes If Yes, please send us a copy with this form  |
|   |
| About benefits claimed in the UK  |
| Have you claimed or received any contribution-based benefits (for example contribution-based Jobseeker's Allowance or contribution-based Employment and Support Allowance) since (Please see help card Section 5 for date)? |
| No If No, go to the section About benefits claimed abroad   |
| Yes If Yes, please tell us the name of the benefit  |
|   |
| What date was it awarded to you? DD MM YYYY   |
|   |
| Has the benefit stopped?  |
|   |
| No L Yes L  |
| If the benefit has stopped have you appealed against the decision to stop the benefit?  |
| No  |
| Yes If Yes, has your appeal been heard by a tribunal yet?   |
| No Yes  |
| If you have appealed did you win the appeal?  |
| No Yes  |
| If your appeal has not yet been heard please let us know the outcome  |

| About    | ben     | nefits claimed abroad   |
|----------|---------|---|
|          |         |   |
| explana  |         | were you getting a Social Security benefit while you were living in (Please see help card Section 6 for |
| No       |         |   |
| ⁄es      |         | If Yes, tell us the name of the benefit and reference number  |
|          |         | Name of benefit   |
|          |         | Reference number  |
|          |         | The name and address of the Social Security office which paid the benefit                               |
|          |         | Name  |
|          |         | Address   |
|          |         |   |
|          |         |   |
|          |         |   |
| lae tha  | Soci    | ial Security benefit stopped?   |
| ias tric | 500     | lar Security benefit stopped:   |
| lo       | Ш       |   |
| 'es      |         | If Yes, on what date did you get your last payment? DD MM YYYY  |
|          |         |   |
| Nere yo  | ou or   | your partner getting family benefits, for example Child Benefit, while you were living in (Please see h |
| aru Se   | Ction   | 6 for explanation)?   |
| 10       |         |   |
| ⁄es      |         | If Yes, has the family benefit payment stopped?   |
|          |         |   |
| f Vac w  |         | No L Yes L eriod did the last payment cover?  |
|          |         | M YYYY To DD MM YYYY  |
|          |         |   |
| Please t | tell us | s the benefit or allowance reference number   |
|          |         |   |
|          |         |   |
|          | tell u  | s the name and address of the family benefit office which paid the benefit                              |
| Name     |         |   |
| Address  |         |   |
|          |         |   |
|          |         |   |
|          |         |   |

| About your partner                        |  |
|---|--|
| Do you have a partner?                    |  |
| No If No, go to the section <b>About</b>  | your children  |
| Yes If Yes, what is their full name?      |  |
|   |  |
|   | nationality please tell us the names of both countries |
| Country 1                                 |  |
| Country 2                                 |  |
| What is their date of birth? DD MM YYYY   | ,  |
|   |  |
|   |  |
| What is their National Insurance number?  |  |
| On what date did your partner last arrive | in the UK? DD MM YYYY                                  |
|   |  |
|   |  |
|   | UK since (Please see help card Section 7 for date)?    |
| From DD MM YYYY                           | To DD MM YYYY  |
|   |  |
| From DD MM YYYY                           | To DD MM YYYY  |
|   |  |
| From DD MM YYYY                           | To DD MM YYYY  |
|   |  |
| From DD MM YYYY                           | To DD MM YYYY  |
|   |  |
| Tell us which country or countries your p | artner has been in and the dates they were there       |
| Country 1                                 |  |
| Country 2                                 |  |
| From DD MM YYYY                           | To DD MM YYYY  |
|   |  |
| From DD MM YYYY                           | To DD MM YYYY  |
|   |  |
|   |  |
| Is your partner a student?                |  |
| No Yes                                    |  |

| IIat          | re your partner's NIP and PESEL numbers?   |
|---------------|--|
| VIP           |  |
| PESE          |  |
|               | our partner have any other income that you use to support yourself and your family? Only complete if your is not employed or self-employed in the UK |
| ٧o            | If No, go to the section About your children   |
| ⁄es           | If Yes, please tell us what this income is and how much is received each month   |
|               |  |
| Abou          | t your partner's work in the UK  |
| las y         | ur partner been employed or self-employed in the UK at any time since (Please see help card Section 8 for  |
| No            | If No, go to the section About your partner's benefits claimed in the UK   |
| Yes           | If Yes, on what date did your partner start this employment or self-employment? DD MM YYYY   |
|               | s their employer's full name and address? If self-employed write self-employed and tell us the address from  |
| which<br>Name | they were working  |
| Addre         |  |
|               |  |
|               |  |
| Postco        | le   |
| f they        | worked for more than one employer, please tell us the names, addresses and the dates they worked   |
|               |  |
|               |  |
|               |  |
|               |  |
|               | ney, or will they pay UK National Insurance contributions through their employer or by themselves if they a<br>ployed?                               |
| Have t        | ipioyeu:   |
| Have self-e   |  |
| self-ei       | If Yes, from what date will they pay National Insurance contributions? DD MM YYYY  |

| About your partner's work in the UK   |  |  |
|---|--|--|
| Have they registered with HM Revenue & Customs for Self Assessment? Only complete if your partner is self-employed  |  |  |
|   |  |  |
| No L Yes L  |  |  |
| Is your partner registered with any of the following Home Office employment schemes?  |  |  |
| Do <b>not</b> complete if your partner is self-employed   |  |  |
| the Worker Registration Scheme  |  |  |
| the Worker Authorisation Scheme   |  |  |
| the Seasonal Agricultural Workers Scheme  |  |  |
| the Sectors Based Scheme  |  |  |
| the Highly Skilled Migrant programme  |  |  |
| No O  |  |  |
| Yes If Yes, tell us the name of the benefit and their unique reference number   |  |  |
| Name of benefit   |  |  |
| Reference number  |  |  |
|   |  |  |
| Is your partner exempt from registration?   |  |  |
|   |  |  |
| No —  |  |  |
| Yes If Yes, please tell us why?   |  |  |
| in res, piease ten us wriy:   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| About your partner's work abroad  |  |  |
| Was your partner a Crown Servant posted overseas?   |  |  |
| No Yes  |  |  |
| If Yes, were they present and 'ordinarily resident' in the UK prior to that posting?  |  |  |
| By 'ordinarily resident' we mean:   |  |  |
| <ul> <li>if they are resident in the UK year after year you will normally be treated as 'ordinarily resident'</li> </ul>  |  |  |
|   |  |  |
| <ul> <li>they are treated as ordinarily resident in the UK from the date you arrive if it's clear that you intend to stay for at least<br/>three years</li> </ul> |  |  |
| they were present in the UK immediately prior to the posting.   |  |  |
| No Yes  |  |  |

| -           | our partner's work abroad   |
|-------------|---|
| Was your    | partner working in the country they were living in?   |
| No          | If No, go to the section About your partner's benefits claimed in the UK  |
| Yes         | If Yes, what was the full name and address of their employer?   |
|             | Name  |
|             | Address   |
|             | Address   |
|             |   |
|             |   |
|             |   |
| If your par | tner was employed in the country they were living in, please tell us the dates of their employment?   |
| From DD     |   |
|             |   |
| Under whi   | ch countries law did they have to pay National Insurance contributions?   |
|             | on soundies ian and moy have to pay handian mountaines continuations.   |
|             |   |
|             |   |
| If they we  | re paying UK National Insurance contributions do they have a certificate E101, E102 or A1?  |
|             |   |
| No _        |   |
| Yes         | If Yes, please send us a copy with this form  |
|             | , , p   |
| About v     | our partner's benefits claimed in the UK  |
| •           | •   |
| Allowance   | partner claimed or received any contribution-based benefits (for example contribution-based Jobseeker's e, contribution-based Employment and Support Allowance) since (Please see help card Section 10 for date)? |
|             |   |
| No _        | If No, go to the section About your partner's benefits claimed abroad   |
| Yes         | If Yes, please tell us the name of the benefit  |
| 100         | in red, predection de the manne et the benefit  |
|             |   |
|             | What date was it awarded to your partner DD MM YYYY   |
|             | Has the benefit stopped?  |
|             | No Yes  |

| If the homefit has at a weed here were neglected and a strict the desiries to a ten the homefit? |  |  |  |  |
|--|--|--|--|--|
| No   | nefit has stopped has your partner appealed against the decision to stop the benefit?                              |  |  |  |
| Yes  | If Yes, has the appeal been heard by a tribunal yet?   |  |  |  |
| 1.00   | No Yes   |  |  |  |
|  | If your partner appealed did they win the appeal?  |  |  |  |
|  | No Yes   |  |  |  |
|  | If their appeal has not yet been heard please let us know the outcome.   |  |  |  |
| Abou   | vour partner's banefite eleimed abroad   |  |  |  |
|  | our partner's benefits claimed abroad  |  |  |  |
| ls or v  | your partner getting a Social Security benefit while they were living in (Please see help card Section 11 for on)? |  |  |  |
| No   | If No, go to the section About your children   |  |  |  |
| Yes  | Yes If Yes, tell us the name of the benefit and reference number   |  |  |  |
|  | Name of benefit  |  |  |  |
|  | Reference number   |  |  |  |
|  | The name and address of the Social Security office which paid the benefit  |  |  |  |
|  | Name   |  |  |  |
|  | Address  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 11   | 2  |  |  |  |
| No   | Social Security benefit payment stopped?   |  |  |  |
| INO  |  |  |  |  |
| Yes If Yes, on what date did you get the last benefit payment? DD MM YYYY                        |  |  |  |  |
|  |  |  |  |  |

| About your children  |  |  |  |  |  |
|--|--|--|--|--|--|
| Please tell us the dates each of the children you are claiming Child Benefit for have been in the UK since (Please see help card Section 12 for explanation) |  |  |  |  |  |
| Child's full name  |  |  |  |  |  |
| Child 1 name   |  |  |  |  |  |
| Date of arrival DD MM YYYY   |  |  |  |  |  |
| Date of arrival BB Will TTT  |  |  |  |  |  |
|  |  |  |  |  |  |
| Who does the child live with?  |  |  |  |  |  |
|  |  |  |  |  |  |
| Child's full name  |  |  |  |  |  |
| Child 2 name   |  |  |  |  |  |
| Date of arrival DD MM YYYY   |  |  |  |  |  |
| Who does the child live with?  |  |  |  |  |  |
|  |  |  |  |  |  |
| Child's full name  |  |  |  |  |  |
| Child 3 name   |  |  |  |  |  |
| Data of arrival DD MM VAAA   |  |  |  |  |  |
| Date of arrival DD MM YYYY   |  |  |  |  |  |
| Who does the child live with?  |  |  |  |  |  |
|  |  |  |  |  |  |
| Child's full name  |  |  |  |  |  |
| Child 4 name   |  |  |  |  |  |
|  |  |  |  |  |  |
| Date of arrival DD MM YYYY   |  |  |  |  |  |
| Who does the child live with?  |  |  |  |  |  |
|  |  |  |  |  |  |

| About your children  |   |   |  |  |  |  |
|--|---|---|--|--|--|--|
| Child's full name  |   |   |  |  |  |  |
| Child 5 name   |   |   |  |  |  |  |
| Date of arrival DD MM YYYY   |   |   |  |  |  |  |
| Who does the child live with?  |   |   |  |  |  |  |
| Only complete this section if you are <b>not</b> currently employed  Are any children/young persons you are claiming Child Benefit for in formal education?  By formal education we mean primary, secondary or college |   |   |  |  |  |  |
| No   |   |   |  |  |  |  |
| Yes If Yes, please give details  |   |   |  |  |  |  |
| Child/young person's full name   | Are you the parent of the child/young person? | The date they started formal education DD MM YYYY | Were you living in the UK on the date they started formal education? Yes /No |  |  |  |
|  |   |   |  |  |  |  |
|  |   |   |  |  |  |  |
|  |   |   |  |  |  |  |
|  |   |   |  |  |  |  |
|  |   |   |  |  |  |  |
| Were you employed in the UK on or before the date that any children/young person(s) first started formal education?  |   |   |  |  |  |  |
| No Yes   |   |   |  |  |  |  |
| If the child is aged 18 or over, do they continue to need your support and care in order to complete their formal education?   |   |   |  |  |  |  |
| No Yes Yes   |   |   |  |  |  |  |

| About your children   |   |  |  |  |  |
|---|---|--|--|--|--|
| Do any of the children/young persons you are claiming Child Benefit for have a parent who is an EEA National? |   |  |  |  |  |
| LLA Natio   |   |  |  |  |  |
| No  |   |  |  |  |  |
|   |   |  |  |  |  |
| Yes   | If Yes, what is the nationality of the parent?  |  |  |  |  |
|   |   |  |  |  |  |
|   | Was this parent living in the UK on the earliest date one of the children/young persons named above first started formal education? |  |  |  |  |
| No  | Yes   |  |  |  |  |
|   |   |  |  |  |  |
| Were they formal edu  | remployed in the UK on or before the date that any of the children/young persons named above first started                          |  |  |  |  |
|   |   |  |  |  |  |
| No  | Yes   |  |  |  |  |
|   |   |  |  |  |  |
| About th  | ne person your child children   |  |  |  |  |
| Please giv  | ve us the full name and address of the person that (Please see help card Section 13 for explanation)                                |  |  |  |  |
| Name  |   |  |  |  |  |
| A .1.1  |   |  |  |  |  |
| Address   |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
| \\/\batia   | six valetienskip to (Please and help coul Costien 42 for cyrlenetien)   |  |  |  |  |
| vvnat is the  | eir relationship to (Please see help card Section 13 for explanation)   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
| is that per   | son or their partner employed or self-employed?   |  |  |  |  |
| No  |   |  |  |  |  |
|   |   |  |  |  |  |
| Yes   | If Yes, please tell us:   |  |  |  |  |
|   | The full name of the person who is employed or self-employed  |  |  |  |  |
|   |   |  |  |  |  |
|   | The full name and address of their employer   |  |  |  |  |
|   | Name  |  |  |  |  |
|   | Name  |  |  |  |  |
|   | Address   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |

| About   | the person your child children   |
|---------|--|
| Does th | nat person or their partner get a contributory benefit (for example, Incapacity Benefit or Retirement Pension) the country they are living in? |
| No      |  |
| Yes     | If Yes, tell us the name of the benefit and reference number   |
|         | Name of benefit  |
|         | Reference number   |
|         | The full name of the person getting the benefit  |
|         | The full name and address of the Social Security office which paid the benefit   |
|         | Name   |
|         | Address  |
|         |  |
|         |  |
|         |  |
| lava th | ney claimed Child Benefit from the country they are living in for (Please see help card Section 13 for explanation)                            |
|         | rey claimed child benefit from the country they are living in for thease see help card section 15 for explanation,                             |
| No      |  |
| ⁄es     | If Yes, please tell us   |
|         | The benefit reference number   |
|         | Reference number   |
|         | The full name and address of the office responsible for the payment  |
|         | Name   |
|         | Address  |
|         |  |
|         |  |
|         |  |
|         | The data normant started, DD MM VVVV   |
|         | The date payment started DD MM YYYY  |
|         | The monthly rate payable   |
|         |  |
|         | The date payment stopped DD MM YYYY  |

| About the person your child children  |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |
| Do they regularly give money or other help towards (Please see help card Section 13 for explanation) support? |  |  |  |  |
| No  |  |  |  |  |
| Yes If Yes, please tell us  |  |  |  |  |
| The date when this started DD MM YYYY   |  |  |  |  |
|   |  |  |  |  |
| The average amount paid each week   |  |  |  |  |
|   |  |  |  |  |
| De very mine announce at the challe towards (Disease and halfs and Continue 40 for authorisis) assument 0     |  |  |  |  |
| Do you give money or other help towards (Please see help card Section 13 for explanation) support?            |  |  |  |  |
| No  |  |  |  |  |
| Yes If Yes, please tell us  |  |  |  |  |
| The date when this started DD MM YYYY   |  |  |  |  |
|   |  |  |  |  |
| The average amount paid each week   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| What are their NIP and PESEL numbers? (Polish cases only)   |  |  |  |  |
| PESEL   |  |  |  |  |
|   |  |  |  |  |
| Other information   |  |  |  |  |
| Use the box below to tell us about any other information.   |  |  |  |  |
| Ose the box below to tell us about any other information.   |  |  |  |  |
|   |  |  |  |  |
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|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

| Your signature You must sign this form.   |                |  |  |  |
|---|----------------|--|--|--|
| Signature Da  | ate DD MM YYYY |  |  |  |
|   |                |  |  |  |
| Daytime phone number  |                |  |  |  |
|   |                |  |  |  |
| Documents we may need   |                |  |  |  |
| If you are employed and are claiming for a child or children who is/are living in another European Economic Area (EEA) country, or Switzerland with:  |                |  |  |  |
| a partner or  |                |  |  |  |
| a family member   |                |  |  |  |
| please provide copies of your pay slips for the last six months, or from the date you started working in this country if this is less than six months.  |                |  |  |  |
| If you do not have copies of the pay slips we have requested, then by signing this form you give authorisation for Child Benefit Office to contact your employer, should we need to do so when dealing with your claim. |                |  |  |  |
|   |                |  |  |  |
| What to do next Send the form back to us with any documents we have asked for to the address below. It doesn't need a stamp.  |                |  |  |  |
| Child Benefit Office (Washington)   |                |  |  |  |
| Freepost  |                |  |  |  |
| NEA 10463   |                |  |  |  |
| PO Box 133 Washington   |                |  |  |  |
| NE38 7BR  |                |  |  |  |
| NEGO / DIX  |                |  |  |  |
| For office use only   |                |  |  |  |
| Name:   | MU Number:     |  |  |  |
| Defenses  | OH Novels are  |  |  |  |
| Reference:  | OU Number:     |  |  |  |