



Who should fill in this form

Fill in 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 fill in and sign this form.

Your details

Full name

First name

Surname

Address

Postcode

Date of birth DD MM YYYY

National Insurance number (if any)

Your partner's details

Full name

First name

Surname

Address (if different from your partner)

Postcode

Date of birth DD MM YYYY

National Insurance number (if any)

Intermediary's details please fill in all relevant boxes

<p>Name and address</p> <p>First name <input type="text"/></p> <p>Surname <input type="text"/></p> <p>Address <input type="text"/></p> <p><input type="text"/></p> <p>Postcode <input type="text"/></p> <p>Phone number</p> <p><input type="text"/></p> <p>What is the intermediary's relationship to you? Please complete all the boxes that apply to you</p> <p>Relative <input type="checkbox"/> Friend <input type="checkbox"/></p> <p>Employer <input type="checkbox"/> Third party organisation <input type="checkbox"/></p>	<p>Name of organisation (if applicable)</p> <p><input type="text"/></p> <p>Organisation reference number (if applicable)</p> <p><input type="text"/></p> <p>Name of caseworker (if any)</p> <p><input type="text"/></p> <p>Case reference (if any)</p> <p><input type="text"/></p> <p>You must now complete the authority on page 2</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)

Child Tax Credit/Working Tax Credit

(if you claimed tax credits as a couple, your partner must also sign below)

Child Benefit

(please enter your Child Benefit number in the box below)

C H B

The authority will last for 12 months from the date you sign this form unless you enter an earlier or later end date in this box.

End date DD MM YYYY

Your signature

Your partner's signature

Please note, we do not accept scanned or photocopied signatures

Date signed DD MM YYYY

Date signed DD MM YYYY

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.gov.uk/hmrc/information-charter

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.gov.uk/hmrc/your-charter

What to do now

When you have filled in this form please send it to:

Tax Credit Office
IAA Team 2 Area E
St Mark's House
St Mary's Street
PRESTON
PR1 4AT