



Please read the notes that came with this form before you fill it in.

They will give you more information about Child Benefit and help you to fill in this claim form.

Please make sure you

- answer all the questions on this form that apply to you, and your partner if you have one
- give us details of an account into which we can pay your Child Benefit
- send us all the documents we ask for.

If you do not, it may take longer to pay you Child Benefit, or we may not be able to pay you at all.

PART 1 PERSONAL DETAILS

National Insurance number.

See notes, page 9

| | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

If you do not know your National Insurance number, have you ever had one or used one at any time?

No

Yes

Title, enter MRS, MISS, MS, MR or other title

Surname or family name

First name(s)

All other surnames or family names you have been known by. Please include maiden name, all former married names and all changes of family name.

Date of birth

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Address (including postcode)

If you, or your partner if you have one, are a Crown Servant working abroad, enter one of the following

- your full BFPO address or
- an address care of a member of HM Armed Forces unit or
- for civil servants, your employing department's address.

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

Postcode

For office use 1

Have you ever claimed Child Benefit before?

No

If you are still getting Child Benefit, tick Yes.

Yes Please tell us the Child Benefit number we gave you

| | | | | | | | | | | | | | | | | | | | |
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|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

You can find this on letters we have sent you. If you cannot find the number do not delay sending this form back to us.

Are you getting any Child Benefit now?

No

Yes Please tell us the full name of the eldest child you are getting Child Benefit for

What is this child's date of birth?

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Daytime phone number

What is this number?

Home
 Work
 Mobile
 Fax

Please tell us your last two addresses

 Postcode

 Postcode

Please tell us your marital status

Single
 Living with a partner
 Married
 Separated
 Widowed
 Divorced

Are you a United Kingdom national?
See notes, page 9

No If no, please tell us your nationality

Yes

Are you subject to immigration control?
See notes, page 10

No

Yes

Do you usually live in the United Kingdom?
You usually live in the UK, if

- you live in the UK or
- you have recently come to the UK but intend to live here continuously or
- you are a Crown Servant working abroad.

See notes, page 10

No If no, please tell us the name of the country you usually live in

Yes If you came to live in the UK within the last 12 months, please tell us when you arrived

| | | | | | |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

Are you, or your partner if you have one, a Crown Servant working abroad?

No

Yes

Are you, or your partner if you have one, currently (or have either of you been in the last 3 months)

- employed in or
- receiving benefit from any country in the European Economic Area (see notes page 10) or Switzerland?

No

Yes

For office use 2

PART 2 PARTNER'S DETAILS

If you have a partner, read the notes on pages 11 and 17 to 21 to help you decide who should claim Child Benefit. They tell you about protecting your Basic State Pension if you give up work to care for a child you get Child Benefit for.

| | |
|--|---|
| Do you have a partner? | No <input type="checkbox"/> Go to Part 3 |
| | Yes <input type="checkbox"/> Please answer the questions below |
| Is your partner a United Kingdom national? See notes, page 9 | No <input type="checkbox"/> If no, please tell us your partner's nationality |
| | <input type="text"/> |
| | Yes <input type="checkbox"/> |
| Is your partner • already getting, or • waiting to hear if they can get Child Benefit for any children? | No <input type="checkbox"/> Go to Part 3 |
| | Yes <input type="checkbox"/> Give details below |
| Your partner's name (in full) | <input type="text"/> |
| Your partner's National Insurance number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Your partner's Child Benefit number | C H B <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Full name of the eldest child your partner gets Child Benefit for (or is waiting to hear about Child Benefit for) See notes, page 4 | <input type="text"/> |
| What is this child's date of birth? | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

PART 3 CHILDREN YOU WANT TO CLAIM FOR

Please tell us about the children you want to claim for now. Do not tell us about any children you already get Child Benefit for. Please enter the name exactly as shown on the child's birth or adoption certificate. If you want to claim for more than 4 children, use the space in Part 6 to tell us about them.

| | |
|------------------|---|
| 1st CHILD | |
| Surname | <input type="text"/> |
| Other name(s) | <input type="text"/> |
| Sex | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Date of birth | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

For office use 3

| | |
|------------------|---|
| 2nd CHILD | |
| Surname | <input type="text"/> |
| Other name(s) | <input type="text"/> |
| Sex | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Date of birth | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

For office use 4

PART 3 CHILDREN YOU WANT TO CLAIM FOR continued

Please tell us about the children you want to claim for now. Do not tell us about any children you already get Child Benefit for. Please enter the name exactly as shown on the child's birth or adoption certificate. If you want to claim for more than 4 children, use the space in Part 6 to tell us about them.

3rd CHILD

Surname

Other name(s)

Sex Male Female

Date of birth

For office use 5

4th CHILD

Surname

Other name(s)

Sex Male Female

Date of birth

For office use 6

We need to see the original

- birth certificate, or
- adoption certificate

for each child in this claim.

Do not send photocopies.

If you have, or someone else has, received Child Benefit for the child in the past, do not send us the birth certificate.

Please tell us how many certificates you are sending with this form. If you cannot send any certificates with the form please tell us why in Part 6

How many birth certificates

How many adoption certificates

Has anyone else ever claimed Child Benefit for any of the children you want to claim for? See notes, page 12

No

Yes If yes, please tell us about the person who made the claim

The full name of the person who claimed (if you know it)

The address the claim was made from (if you know it)

 Postcode

The Child Benefit number (if you know it)

For Child Benefit Office use only - not for completion by DWP office or HMRC Enquiry Centre – birth certificates extraction

| | Signature 1 | Name in capitals | Signature 2 | Name in capitals | Date |
|---------|-------------|------------------|-------------|------------------|------|
| Child 1 | | | | | |
| Child 2 | | | | | |
| Child 3 | | | | | |
| Child 4 | | | | | |

Have any of the children you want to claim for used a different name

- from the one they have now, or
- from the one shown on their birth or adoption certificate?

No

Yes If yes, please tell us the child's current name and previous name

| |
|---------------|
| Child's name |
| Previous name |

| |
|---------------|
| Child's name |
| Previous name |

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|---------------|
| Child's name |
| Previous name |

| |
|---------------|
| Child's name |
| Previous name |

Are any of the children you want to claim for living with someone else?

See notes, page 12

No

Yes If yes, please tell us the names of the children

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For office use 7

Have any of the children you want to claim for lived with someone else in the last 3 months?

No

Yes If yes, please tell us their names and the date they came to live with you

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| D | D | M | M | Y | Y |
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| D | D | M | M | Y | Y |
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| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

For office use 8

Are you including any children on this claim that are not your own?

See notes, page 12

Please note, stepchildren and children you have legally adopted count as your own

No Go to Part 5, page 7

Yes Go to Part 4, page 6

For office use 9

Are you planning to adopt any of the children?

No

Yes If yes, please tell us the names of the children you plan to adopt and then go to **Part 5, page 7**

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If any of the children you want to claim for

- are not your own, and
- you are not planning to adopt them

please tell us

- the child's name,
- any previous surname (if you know it)
- the mother's name (if you know it)
- the father's name (if you know it)

This will help us deal with your claim more quickly.

| |
|-------------------|
| Child's name |
| Previous surnames |
| Mother's name |
| Father's name |

| |
|-------------------|
| Child's name |
| Previous surnames |
| Mother's name |
| Father's name |

| |
|-------------------|
| Child's name |
| Previous surnames |
| Mother's name |
| Father's name |

| |
|-------------------|
| Child's name |
| Previous surnames |
| Mother's name |
| Father's name |

We pay your Child Benefit directly into a bank, building society or Post Office® card account. You can use an account held by you or your partner or somebody who is acting on your behalf. We cannot pay Child Benefit into an account held in a child's name or an account that is in your name and a child's name.

- You can use an existing account or open a new one.
- If you are unable to open an account, please contact us.

Please read the notes on pages 13 to 16 before completing the rest of this form.

Are you already getting Child Benefit?

No

Yes If yes, please tick the statement that applies to you

I am paid direct into an account Go to Part 6

I want my Child Benefit paid direct into an account Go to page 8 to give account details

I am unable to open an account We will contact you about this. Go to Part 6

Are you

- claiming Child Benefit for the first time, or
- claiming again after Child Benefit has stopped?

No

Yes If yes, please tick the statement that applies to you

I want my Child Benefit paid direct into an account Go to page 8 to give account details

I want more information about opening an account We will contact you about this. Go to Part 6

I have applied (or, I am going to apply) for an account, but do not yet have account details We will contact you about this. Go to Part 6

I am unable to open an account We will contact you about this. Go to Part 6

Account name

Your Child Benefit can be paid into a

- bank account or Post Office® card account,
- Alliance and Leicester account,
- building society account, or
- National Savings account,

What name or names is the account in?

Please note, if the account includes the name of someone acting on your behalf, you are confirming that they will use the money in the way you tell them to.

We need to know whether the account is in your name.

The account is

- in your name
- in your partner's name
- in the name of both yourself and your partner
- in the name of someone acting on your behalf
- in the names of both yourself and someone acting on your behalf

For office use 10

Please tick the box against the type of account you want your Child Benefit paid into. Then fill in the account details. You will find your account details on your cheque book, pass book, or statements

BANK account or Post Office® card account

Name of bank (for Post Office® card accounts write 'Post Office')

Branch name

Address

Postcode

Sort code

Account number

For office use 11

ALLIANCE & LEICESTER current account – not a deposit account.

Account number

BUILDING SOCIETY savings account or cheque account – not a mortgage account or business account.

Name of building society

Sort code

Building society roll or account number

Type of account

For office use 12

NATIONAL SAVINGS BANK investment account – not an ordinary account.

Account number

For office use – For completion of supp. claims only
Corres End of case

Yes 1
No 2

PART 5 HOW WE WILL PAY YOU – continued

Child Benefit is usually paid every 4 weeks.

However, we can pay you weekly, if

- you are bringing up children on your own, or
- you or your partner are receiving Income Support, or
- you or your partner are receiving income-based Jobseeker's Allowance.

See notes, page 16

If you want to be paid weekly, tick the box next to the statement that applies to you

- you are bringing up children on your own
- you or your partner are receiving Income Support
- you or your partner are receiving income-based Jobseeker's Allowance

For office use 13

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

For office use 14

| |
|--------------------------|
| <input type="checkbox"/> |
|--------------------------|

PART 6 OTHER INFORMATION

Please use this space to tell us anything else you think we might need to know.

For example

- any other names you have been known by
- other children you want to claim for that you have not told us about in Part 3
- why you cannot send any certificates with this form.

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I declare that the information I have given on this form is correct and complete.

I declare that I have read and understood that by claiming Child Benefit I may also get Home Responsibilities Protection, as explained on pages 17 to 21 of the notes.

I declare that I have read and understood the conditions applying to payment by direct payment which are on pages 13 to 16 of the notes.

I understand that if I give information which I know is incorrect or incomplete, action may be taken against me.

This is my claim for Child Benefit.

Signature

Date

| | | | | | |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

- 1 Check that you have answered all the questions that apply to you
- 2 Check that you have signed the form at Part 7
- 3 Enclose the children's original birth certificates or adoption certificates with this form. Do not send photocopies.
- 4 Send everything to the Child Benefit Office at the following address. You do not need a stamp.
Child Benefit Office (Washington)
Freepost NEA 10463
PO Box 133
Washington
NE38 7BR

Payment of any Child Benefit may be delayed if

- you do not answer all the questions that apply to you, and your partner if you have one
- you do not send us all the documents we ask for.

If you need help or more information please contact us as soon as possible. See notes, pages 6 and 7.

What will happen next

We will return the birth or adoption certificate(s) to you within 4 weeks. If you have not received it back by then, you should contact us to make sure we have your claim. See notes, pages 6 and 7. Make sure that you keep the Notes in a safe place for future reference.

When we have dealt with your claim, we will write to tell you if you can get Child Benefit, and if so how much will be paid.

Remember

Child Benefit can only be backdated for up to 3 months from the date we receive your claim. If you delay in sending us your claim you may lose money.

For office use only

Date claim received

Claims section

| | | | | |
|-------|--------|--------------|-----|-------------|
| | Corres | Child traced | CLI | End of case |
| YES 1 | | | | |
| NO 2 | | | | |

Details of traced children

CHB number

Child(ren)

CHB number

Child(ren)

Birth certificate/Adoption certificates/

Other documents returned by

hand

post

recorded delivery

registered mail

Date

Initials

Test check

Officer's name stamp

Date

CBOL

CBIX

DCI

CAPS

Record of phone call on

Identity check

Yes No

Customer's full name and address

Customer's date of birth

Any children's full name and date of birth

Partner's name

Details of conversation

Name