



Memorandum of Understanding between the Government of the United Kingdom of Great Britain and Northern Ireland and the Government of The Kingdom of the Netherlands concerning Co-operation and Mutual Assistance in the Administration of Social Security Programmes

Social Security Administration Act 1992 s.179A (GB); Social Security Administration (Northern Ireland) Act 1992 s.155A (NI); Coördinatiewet; Werknemersverzekeringen; Volksverzekeringen; Wet Werk en Bijstand; Wet SUWI (NL)

INFORMATION REQUEST / INFORMATIEVERZOEK

Date : **File Reference :** **Urgent Request? : Yes / Ja No / Nee**

To: Strike through two unused boxes as appropriate			From :
<p>Internationaal Bureau Fraude-informatie Postbus 58285 1040 HG Amsterdam The Netherlands Fax: 0031 20 7524177</p>	<p>Department for Social Development Social Security Agency Operational Intelligence Unit Lesley Exchange 1 24 East Bridge Street Belfast BT1 3NR Northern Ireland Fax: 0044 2890 556995</p>	<p>Department for Work and Pensions Jobcentre Plus Fraud Investigation Service - Intelligence National Disclosure Unit JIU, 2nd Floor Bouverie House Bouverie Road West Folkestone Kent CT20 2RW United Kingdom Fax: 0044 1303 289339</p>	<p>Your Full Name : Grade/Position : Department / Agency : Your Full Postal Address : Your Telephone Number : Your Fax Number : Your Email Adress (If Available) :</p>

* IBF is opdrachtnemer voor UWV, gemeenten en SVB / IBF is the executive agency for UWV, municipalities and SVB

In connection with a matter that has arisen under the relevant legislation, please provide the following information about:
In verband met een zaak die onder de relevante wetgeving valt, verzoeken wij u informatie te verschaffen over:

Full Name (Forenames, SURNAME) :		<u>Information Request</u> <input type="checkbox"/> Nationality of Client: <input type="checkbox"/> NINO and Allocation Date : <input type="checkbox"/> Benefits (What Claimed / From / To) : <input type="checkbox"/> Current Address: <input type="checkbox"/> Previous Addresses : <input type="checkbox"/> Other income/employment: <input type="checkbox"/> Passport Information: <input type="checkbox"/> Other Information Required : If Urgent, Why? : Reason for Request-Suspected Offence / Why Needed : Anonymous Tip Other/Additional Information:
Known By Any Other Name? (Alias, Maiden Name) :		
Gender: : Male	Civil Status: Married/Ptnr	
Nationality:		
Date of Birth (DD/MM/YYYY) :	Place of Birth:	
NINO / SSN :		
Partner's Full Name (if applicable) :		
Known By Any Other Name? (Alias, Maiden Name) :		
Partner's Date of Birth :		
Partner's NINO / SSN :		
Current Full Address :		
Postcode :		
Date From :		

I certify that I am making enquiries that are concerned with the prevention or detection of crime and/or the apprehension or prosecution of offenders. It is my view that disclosure of the requested information is necessary and proportionate and is compatible with the European Convention on Human Rights. I can confirm that collateral intrusion has been considered and other lines of enquiry have been pursued

Ik verklaar dat ik een onderzoek instel dat tot doel heeft fraude te voorkomen en/of aan het licht te brengen of fraudeurs aan te houden en/ of te vervolgen. Naar mijn mening is het geven van de gewenste informatie nodig en proportioneel en verenigbaar met de Europese Verklaring van de Rechten van de Mens. Ik kan bevestigen dat er gehandeld wordt conform de Wet Bescherming Persoonsgegevens en dat indien mogelijk reeds gebruik is gemaakt is van andere informatiebronnen om de gewenste gegevens te achterhalen.

Your Signature :

Name (In Block Capitals) :

Date: