

Benefit inspired NINO application requests

Entitlement to benefit **must** be established before referral to NINO Delivery Centre

DCI1 01/09

Originating office details (must be completed) – Please use BLOCK CAPITALS

Contact name	<input type="text"/>	Office code and full office address	<input type="text"/>	Benefit type	<input type="text"/>
Full phone number (incl. STD code)	<input type="text"/>			Housing benefit signature	<input type="text"/>

Customer details (Completed by Benefit Team) - Please use BLOCK CAPITALS

Completed by NINO Delivery Centre

1	Surname	Other names	Date of birth / /	Existing / allocated National Insurance Number <input type="text"/>
	Address	Entitled to benefit? <input type="checkbox"/>		National Insurance Number refused <input type="checkbox"/>
	Postcode	Phone	Male <input type="checkbox"/> Female <input type="checkbox"/>	Comments <input type="text"/>
	Additional information		Partner of benefit customer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Surname	Other names	Date of birth / /	Existing / allocated National Insurance Number <input type="text"/>
	Address	Entitled to benefit? <input type="checkbox"/>		National Insurance Number refused <input type="checkbox"/>
	Postcode	Phone	Male <input type="checkbox"/> Female <input type="checkbox"/>	Comments <input type="text"/>
	Additional information		Partner of benefit customer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3	Surname	Other names	Date of birth / /	Existing / allocated National Insurance Number <input type="text"/>
	Address	Entitled to benefit? <input type="checkbox"/>		National Insurance Number refused <input type="checkbox"/>
	Postcode	Phone	Male <input type="checkbox"/> Female <input type="checkbox"/>	Comments <input type="text"/>
	Additional information		Partner of benefit customer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

NINO Delivery Centre signature

Contact number

Return to originating office on completion

Date