

Office stamp

Our phone number is

Code	Number	Ext
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Textphone users with speech or hearing difficulties call

Code	Number
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If you get in touch with us, tell us this reference number

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Date

	/		/	
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We need more information

Please answer all the questions on this form. Then read and sign
Your declaration. Send it back to us no later than on / / .
 Do not delay sending in your claim form. If you wait, you could lose money.

About children or qualifying young persons

Are there any children or qualifying young persons in your household?

- We use *child* to mean a person aged under 16 who you are getting Child Benefit for.
- We use *qualifying young person* to mean a person aged 16, 17, 18 or 19 who you are getting Child Benefit for.

No

Yes

Please tell us about them on the next page.
 If there are more than two children or qualifying young persons, use a separate sheet of paper to tell us all the information we ask for on this form and send it with the form.

If you are sending a separate sheet of paper, tick this box.

We need more information continued

	First child or qualifying young person	Second child or qualifying young person
Surname or family name	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
What is the child or qualifying young person's sex?	<input type="text"/>	<input type="text"/>
The child or qualifying young person's relationship to you	<input type="text"/>	<input type="text"/>
The child or qualifying young person's relationship to your partner	<input type="text"/>	<input type="text"/>
Usual address, if different from yours	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Child Benefit number	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them?	<input type="text"/>	<input type="text"/>
We need to see proof of this.		
Is the child or qualifying young person registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.
Does the child or qualifying young person get Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?
Care	<input type="text" value="£"/>	<input type="text" value="£"/>
Mobility	<input type="text" value="£"/>	<input type="text" value="£"/>
Do you or your partner pay any childminding costs for this child or qualifying young person to a registered childminder, a nursery or an after-school club?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.
Tell us the name and registration number of the minder.	<input type="text"/>	<input type="text"/>
How much do you pay a week?	<input type="text" value="£"/> a week	<input type="text" value="£"/> a week
We need to see proof of this.		We need to see proof of this.

We must see proof of any Child Benefit, Disability Living Allowance, Blindness and childminding costs before we can decide how much benefit you can get.

We need more information continued

First child or qualifying young person

Second child or qualifying young person

Does the child or qualifying young person have any savings?

No

Yes How much are their savings?

£

No

Yes How much are their savings?

£

Does the child or qualifying young person own any property or land in this country or abroad?
We need to see proof of this.

No

Yes

No

Yes

Does the child or qualifying young person have any money or property held in trust?
We need to see proof of this.

No

Yes

No

Yes

Declaration

- I **declare** that the information I have given on this form is correct and complete.
- I **understand** that if I give information that is incorrect or incomplete you may take action against me. This may include court action.

Signature

Date

Full name
(in CAPITAL
LETTERS)

