

Part 2

About your partner

We treat 2 people as partners of each other for Child Benefit if –

- a) they are married to each other or are civil partners of each other and are members of the same household; or
- b) they are not married to, or civil partners of, each other but are living together as if they are.

Your partner's title
(please tick only one box)

Mr Mrs Miss Ms Other

Your partner's surname or family name

Your partner's first names

Your partner's date of birth

Your partner's National Insurance (NI) number

Letters Numbers Letter

Please ensure you give us your partner's correct NI number to avoid delay in paying your benefit.

Your partner's nationality

Is your partner a member of HM Armed Forces or a civil servant working abroad?

Yes No

Is your partner receiving Child Benefit now or are they waiting to hear if they can get Child Benefit? If 'Yes' please give the full name and date of birth of the eldest child your partner is receiving Child Benefit for.

Yes No

Surname or family name

Other names

Sex (M or F)

Date of birth

Has the person named above been your partner throughout the past 12 months?

Yes No

When did you and your partner start living together?

We may need to get in touch with you for further information.

Part 2A

Date you and your former partner stopped living together

If you and your former partner are no longer living together, what date did you stop living together?

Part 3

About your children

Please list below the full name, sex and date of birth of each child for whom you are getting Child Benefit. If you are claiming for more than one child list them in order of age, elder or eldest first.

Surname or Family name Other names
As shown on the birth or adoption certificate

Sex
(M or F)

Date of birth

School or College
attended (if applicable)

Surname or Family name Other names As shown on the birth or adoption certificate	Sex (M or F)	Date of birth	School or College attended (if applicable)
<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"/> <input type="text"/>	<input type="text"/>
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If you want to include more than 6 children in this claim please give particulars of the other children in Part 7.

Part 4

About other people who live with you

Does anyone else live with you who you have not already told us about on this form?

Please tell us about relatives, friends or anyone else who lives with you that you have not already told us about on this form.

Yes Tell us about these people below No Go to Part 5

Their full name	Their age	Their relationship to you	Their occupation or Social Security benefit they receive (if any)
<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"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 5

About other benefits

Please tick the appropriate box or boxes if you or your partner have recently claimed or are receiving any of the following Social Security benefits:

- Income Support
- Employed Person's Allowance
- Income-based Jobseeker's Allowance
- Any other benefit (please specify)

Part 6

About your payments

If you collect your Child Benefit at the Post Office please confirm the Post Office you want to collect it at?

Name of Post Office

Part 7

Other information

Part 8

How the Treasury collects and uses information

When we collect information about you we may use it for any of our purposes, including dealing with benefits and allowances, employment and training and occupational and personal pension schemes. We may get information about you from others for any of our purposes if the law allows us to do so. We may also share information with certain other organisations if the law allows us to. To find out more about how we use information, contact any of our offices or visit our website at www.gov.im/treasuryprivacynotice

I/WE DECLARE that the information I/we have given on this form is true and complete.

I/WE UNDERSTAND that my/our personal details, including details of my/our income(s), will be shared between the Social Security and Income Tax Divisions of the Treasury for the sole purpose of assessing my/our entitlement to Child Benefit and, if necessary, relevant details relating to one partner may be disclosed by the Social Security Division of the Treasury to the other partner.

I/WE UNDERSTAND that if I/we give false or incomplete information I/we may be committing an offence for which I/we may be prosecuted.

I/WE CLAIM CHILD BENEFIT (in the case of couples, both partners must sign below)

Your signature

Please print your full name

Your partner's signature

Please print your partner's full name

Date

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Please check that you have answered all questions that apply to you. If you don't, we may need to get in touch with you. This can delay payment.

For office use only – use only when the form has been completed by a member of staff

I read back to the customer the entries I made on this form based on the information given by them. The customer agreed that the entries were correct.

Interviewing officer's signature

Date

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Customer's signature

Contact information

Address: Child Benefit Team
Social Security Division
Markwell House
Market Street, Douglas
Isle of Man
IM1 2RZ

Telephone: (01624) 685107
Fax: (01624) 685120
Email: childbenefit@gov.im
Website: www.gov.im/socialsecurity

All telephone calls to and from Social Security are recorded for quality purposes, to prevent crime or misuse, to ensure that our staff act in compliance with our procedures and standards and to assist in the provision of training, monitoring and service improvement.



Isle of Man
Government
Reiljys Eilan Vannin

The Treasury

Yn Tashtey