

Use this space to tell us

- how your pay was calculated (if you did not have a regular agreed pay)
- about any breaks in your employment with this employer
- about any periods on strike during your employment with this employer
- about any periods you worked abroad during your employment with this employer

Where the monies are to go

What name or names is the account in?

The account can be:

- a bank cheque or deposit account (but not a mortgage account)
- a National Savings and Investments (NS&I) investment account (but not at ordinary account)
- a building society cheque or savings account (but not a mortgage account)

Please tell us which account you want your benefit paid into

Name of bank or building society

Branch name

Sort code number

Account number

Type of account, eg, deposit, current etc.

Declaration

- I declare that the information I have given above is correct and complete.
- I understand that this information will be used to help determine my claim for a payment from the Manx National Insurance Fund.

Your signature

Date

Warning: to give false information may result in prosecution

When completed return this form to: Social Security Division, Insolvency Payments Team, Markwell House, Market Street, Douglas, IM1 2RZ



Isle of Man
Government

Reiltys Ellan Vannin

The Treasury

Yn Tashtey

Claim for payment from the Manx National Insurance Fund for debts owed by a former employer

Complete this form if your former employer:

- Has become insolvent or has ceased to trade on the Isle of Man, and
- Has failed or refused to pay you wages, holiday pay or redundancy pay.

You may also be entitled to compensation if your employer failed to give you statutory notice. Ask for form IP2 to claim a payment from the Manx National Insurance Fund.

Your details

1. Title (please tick one box)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
2. Your surname	<input type="text"/>			
3. Other names	<input type="text"/>			
4. Your full address	<input type="text"/>			
	<input type="text"/>			
	Postcode			
	<input type="text"/>			
5. Your date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	
6. National Insurance number	Letters <input type="text"/> <input type="text"/>	Numbers <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	Letter <input type="text"/>
7. Daytime phone number	<input type="text"/>			

Employment details

8. **Your former employer's name**

9. **Your former employer's address**

10. **Place where you worked**
 (if different from address at 9.)

11. **Your former job title**

12. **Name and address of person/organisation dealing with your former employer's affairs** (if known)

13. **Date your employment began**

14. **Number of basic hours you were contracted to work**

15. **Amount of a basic week's gross pay**
 (i.e. before stoppages and without overtime)
 If you did not have a regular agreed pay, please explain how your pay was worked out on the last page of this form
 :

16. **Were you given notice?** Yes No
 If "yes", date notice of dismissal was given

17. **Date you last worked for this employer**

18. **Were there any breaks in your employment with this employer?** Yes No

19. **Were you on strike at any time during this employment?** Yes No

20. **Did you at any time during this employment not pay Class 1 National Insurance contributions because you were working in the UK or abroad?** Yes No

Details of your claim

21.

- Please provide details of the debts owed to you by your former employer below.
- Tick the appropriate box or boxes to confirm the type of payment owed.
- If your claim is for wages, please state the amount of gross pay (before deductions) and the period in respect of which the debt is owed.
- If your claim is for holiday pay, please state the amount of gross pay (before deductions) and the number of days or weeks that this is in respect of.
- If your claim is for redundancy entitlement, simply tick the box. We will calculate the amount due.

Wages £
 in respect of the period:
 from
 to

Holiday pay £ for days/weeks

Redundancy pay

Declaration

22.

- I declare that the information I have given on this form is correct and complete.
- I authorise the Social Security Division of the Treasury to carry out such enquiries with my employer (or his representative), and to refer to any other information which may be held by the Isle of Man or UK Government, as may be necessary to properly determine my claim.
- This is my claim for a payment from the Manx National Insurance Fund.

Your signature Date

Warning: to give false information may result in prosecution

(If you answered "yes" to question 18, 19 or 20, please provide details on the last page of this form)