



Change of events that may affect your Child Benefit claim

- Please use **BLACK** ball point pen.
- Please use **BLOCK LETTERS** and place an **X** in the relevant boxes.
- Please answer **all questions** that apply to you.
- For more information, log on to **www.welfare.ie**.

Part 1

Your own details

1. **Your PPS No.:**
2. **Title:** (insert an 'X' or specify) Mr. Mrs. Ms. Other
3. **Surname:**
4. **First name(s):**
5. **Birth surname:**
6. **Your date of birth:**
- D D M M Y Y Y Y

Contact Details

7. **Your address:**
-
-
-
8. **Your telephone number:**
- MOBILE
LANDLINE
9. **Your email address:**
-

Declaration

I declare that the information given by me on this form is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, that I will be required to repay any payment I receive from the Department and that I may be prosecuted. I undertake to immediately advise the Department of any change in my circumstances which may affect my continued entitlement.

Signature (not block letters)

Date:

D D M M Y Y Y Y

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.



Part 3

New payment details

You can get your payment at your local post office or direct to your current, deposit or savings account in a financial institution. If you wish to change your existing details, please complete one option below.

Post Office

New Post Office address:

Financial Institution

You will find the following details printed on statements from your financial institution.

Name of new financial institution:

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Sort code:

--	--	--	--	--	--

Account number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Bank Identifier Code (BIC):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

International Bank Account Number (IBAN):

Name(s) of account holder(s):

Name 1:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name 2 (if any):

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Part 4

Changes in your child's details

17. Have you a child aged 16 or 17 that has changed or left school?

Yes No

If 'Yes', please state:

Child's surname:

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Child's first name(s):

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Date child changed or left school:

D	D	M	M	Y	Y	Y	Y				

Name of school, if child changed school:

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Please attach CB2* from new school.



18. Has a child you are getting Child Benefit for died?

Yes No

If 'Yes', please state:

Child's surname:

Child's first name(s):

Date of birth:

D D M M Y Y Y Y

Date of death:

D D M M Y Y Y Y

19. Has your child left home? Yes No

If 'Yes', please state:

Child's surname:

Child's first name(s):

Date child left your home:

D D M M Y Y Y Y

Address where child is living now:

Send this completed application form to:

Child Benefit Section
 Social Welfare Services
 Department of Employment Affairs and Social Protection
 St. Oliver Plunkett Road
 Letterkenny
 Co. Donegal

Telephone: 074 916 4496
 LoCall: 1890 400 400

If you are calling from outside the Republic of Ireland, please call +353 74 916 4496

Note: The rates charged for the use of 1890 (LoCall) numbers may vary among different service providers.

Please remember to sign the declaration in Part 1.

Data Protection Statement

Personal data is required to determine eligibility for payments and services, administered for Ireland's social protection system. It may be shared with other Government Departments/ Agencies where provided for by law. Data protection policy available at www.welfare.ie/dataprotection or hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.

