Application form for

Change of events that may affect your Child Benefit claim

Social Welfare Services
CB 56

Data Classification R

- 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 2 0 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 1 continued — Your own details

10. Are you?

- ☐ Single
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Cohabiting
- ☐ In a Civil Partnership
- ☐ A surviving Civil Partner
- ☐ A former Civil Partner (you were in a Civil Partnership that has since been dissolved)

Part 2 — Changes in your details

11. If you have changed address lately, please state:

Previous address:

12. Have you left the State? ☐ Yes ☐ No

If 'Yes', please state:

Date you left the State: D D M M Y Y Y Y

13. Have you left the family home?

☐ Yes ☐ No

If 'Yes', please state:

Date you left the family home: D D M M Y Y Y Y

14. Have you (re)married or (re)entered into a civil partnership or civil union?

☐ Yes ☐ No

If 'Yes', please forward an original of your marriage certificate, civil partnership or civil union registration certificate (only if this occurred outside the Republic of Ireland).

15. Have you or your spouse, civil partner or cohabitant started work in another country?

☐ Yes ☐ No

If 'Yes', please state:

Date work started: D D M M Y Y Y Y

Country of work:

16. Has the person who claimed Child Benefit died?

☐ Yes ☐ No

If 'Yes', the person who now wishes to claim Child Benefit must complete a CB1* form and return it with the customer's death certificate (if they died outside the Republic of Ireland). We do not need the children's birth certificates.

***CB1 and CB2 forms are available from our website at www.welfare.ie, your local Social Welfare Office or post offices.**

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:

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):

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:

Child's first name(s):

Date child changed or left school:

D D M M Y Y Y Y

Name of school, if child changed school:

Please attach CB2* from new school.

Part 4 continued — Changes in your child's details

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 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 and Freedom of Information

We, the Department of Social Protection, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies according to the law.

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

15K 04-13 Edition: April 2013