



Claim No.
Stamp and date of receipt

Notification of change of circumstances

Please complete Part 1 and whichever of Part 2 to 5 apply to the change of circumstances you are reporting and return the form to our offices at 79-80 Harbours Walk, The New Harbours.

Part 1 : Particulars of beneficiary

Full name	<input type="text"/>
Address	<input type="text"/> <input type="text"/>
Daytime phone number	<input type="text"/>
Date of birth	<input type="text" value="/ /"/>
Type of benefit/claim number	<input type="text"/>

Part 2 : New Address

Address	<input type="text"/> <input type="text"/> <input type="text"/>
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Part 3 : Children

Full name	<input type="text"/>
Date of birth	<input type="text" value="/ /"/>
Mother's full name	<input type="text"/>
Father's full name	<input type="text"/>

- Please submit birth certificate

Part 4 : Changes in marital status

Full name of spouse/civil partner

Part 4 : Changes in marital status (continued)

Address

Date of marriage/civil partnership

If spouse/civil partner currently employed please state earnings

- Please submit marriage certificate or civil partnership certificate & spouse's/civil partner's birth certificate

Part 5 : Changes in spouse's/civil partner's employment status

Full name of spouse/civil partner

Employer's name

Termination date

- Please submit termination contract

DECLARATION

I declare that all the statements on this form are true to the best of my knowledge and belief.

I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.

I understand that it is an offence to fail to notify the Department of Social Security of a change of circumstances promptly, and failure to do so may result in action being taken against me.

Signature

Date

How we collect and use information

The Department of Social Security collects information for the purposes of dealing with social security benefits and other non-contributory benefits. The information we collect about you depends on the reason for your business with us, but we may use the information for any of these purposes.

We may check information about you with other information we have. We may get information about you from other people and certain other organisations. We may give information to certain other organisations, as the law allows, to:

- check the accuracy of information;
- prevent or detect crime;
- protect public funds in other ways; and
- use in research or statistics.

These other organisations include other government departments, local authorities, and private sector bodies such as banks and organisations that may lend you money. We will not give information about you to anyone outside our department unless the law allows us to.

The Department of Social Security is the data controller for the purposes of the Data Protection Act.