Application form for

Social Welfare Services CB 56

Data Classification R



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	Yo	ur	ow	n (de	tai	ls												
1. Your PPS No.:																			
2. Title: (insert an 'X' or specify)	Mr.		Mrs	j]	Ms				C)the	er							
3. Surname:																			
4. First name(s):																			
5. Birth surname:																			
6. Your date of birth:	D D		M	M		Y	Y	Y	Y										
D D M M Y Y Y Y Contact Details																			
7. Your address:																			
8. Your telephone number:														M	10	ВІ	LΕ		
														L	ΑN	1 D	LI	NE	
9. Your email address:																			
			D	ecla	ara	atio	on												
I declare that the information gives of the information I provide is ur will be required to repay any pay undertake to immediately advise my continued entitlement.	ntrue or ment I	mis rece	sleac eive	ding fron	or i n th	f I fa	ail to epa	o di rtm	sclo: ent	se a anc	ny i	rele at I ı	vant may	info	orm pro	atio secu	on, tl uted	hat I I. I	١
							Dat	te:	D			N	1 1	1	2 Y	· 0) ′ Y	Y	
Signature (not block letters)																			

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	You	ır o	wn	de	tai	ls												
10.Are you?	Sep	gle rried parate orced		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	Ch	ang	es i	n y	ou	ır (det	tail	s									
11.If you have changed addre Previous address:	ss latel	y, ple	ease s	tate														
12.Have you left the State? If 'Yes', please state:	Ye	s ı –]	No													
Date you left the State:	D D		M M		Y	Υ	Υ	Y										
13.Have you left the family he																		
If 'Yes', please state: Date you left the family home:	Ye D D		M M]	No Y	Y	Y	Y										
14.Have you (re)married or (nto a	_		rtn	ersl	hip	or c	civil	uni	ion	?					
If 'Yes', please forward an registration certificate (on	_	l of y		narr	_				-		-			ip c	or c	ivil	uni	on
15.Have you or your spouse,	civil pa Ye		or co	_	oita No	nt s	tar	ted	wo	rk i	n ar	notl	ner	cou	ntr	y?		
If 'Yes', please state: Date work started:] .														
Country of work:	D D		M M		Y	Y	Y	Y										
16.Has the person who claim			nefit	_				-										
If 'Yes', the person who no return it with the custome We do not need the childr	r's dea	es to th ce	rtifica	n Cl	(if t						_							

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



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:																			
					_														
		Fin	anc	cial	In	sti	tut	ior	1										
	You finar	will fi ncial i				ving	de	tails	pri	nted	d on	sta	tem	nent	s fro	om y	youi	•	
Name of new financial institution:																			
Sort code:																			
Account number:																			
Bank Identifier Code (BIC):																			
International Bank Account Number (IBAN):														1					
,																			
Name(s) of account holder(s):																			
Name 1:																			
Name 2 (if any):																			
Part 4	C	har	100	s i1	n v	'01 1	ir (hi	14	's (det	ai	ls						
											401								
17. Have you a child aged 16 o			has	cha –			r le	ft s	cho	ol?									
If 'Yes', please state:		Yes		L		No													
Child's surname:																			
Child's first name(s):																			
Date child changed or left school:																			
	D	D	M	M		Y	Y	Y	Y				1					1	
Name of school, if child changed school:																			
-	Plea	se at	tach	ı CB	2 * 1	tron	n ne	ew :	sch	ool.	,								



Part 4 continued	Changes in your child's details																	
18.Has a child you are getting Child Benefit for died?																		
If 'Yes', please state: Child's surname:		Yes	5				No											
Child's first name(s):																		
Date of birth:				A.A.	A.4		V	V	Y	V								
Date of death:	D D	D		M			_		Y	_								
19.Has your child left home? If 'Yes', please state:		Yes	5			1	No											
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:				771	741													
1141115 11044.																		

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

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