Blind Person's Allowance

9.1 If you are registered blind on a local authority, or other register, put 'X' in the box

Please also consider box 10.6 below

9.2 Enter the name of the local authority, or other, register (or 'Scotland' or 'Northern Ireland' as appropriate)

Married Couple's Allowance

This allowance is only due if you, or your spouse or civil partner, were born **before 6 April 1935**. Read page 11 of the Notes.

10.1 To claim the full allowance, enter your spouse's or civil partner's full name

10.2 If, as a couple, you have already asked us to give all of the minimum amount to your spouse or civil partner, put 'X' in the box

10.3 If you've already agreed that half of the minimum amount is to go to your spouse or civil partner, put 'X' in the box

10.4 Your spouse's or civil partner's date of birth if older than you and you filled in boxes 10.1, 10.2 or 10.3
DD MM YYYY

10.5 Enter the date of the marriage or civil partnership
DD MM YYYY

10.6 Any unused Married Couple's, or Blind Person's Allowance can be transferred from one spouse or civil partner to the other - if you want a form to do this, put 'X' in the box

Repayment instructions

11.1 If you would like the payable order to go to your bank, building society or any other nominee, please enter in full the name, address and postcode

11.2 If your nominee is your adviser enter their reference

If the payable order is to be sent to your bank or building society, fill in boxes 11.1, 11.3, 11.4, 11.5 and 11.6, if applicable

11.3 Branch sort code

11.4 Account number

11.5 Name of account holder

11.6 Bank or building society roll or reference number, if you have one

Declaration

12.1 Please sign and date this form and then print your full name in the space provided

The information I have given on this form is correct and complete to the best of my knowledge

Signature X

Date

Print your name

12.2 If you have signed on behalf of someone else, enter the capacity, for example, parent, executor, receiver, attorney

12.3 Tick this box if you do not require a claim form in future

Jobs

Starting from _____, please list in **date order** all the jobs you have had and any periods when you were out of work. Please do not leave any gaps between the periods. Please use CAPITAL letters and **continue on a separate sheet of paper if you need to**.

If you have been out of work at any time and claimed Jobseekers Allowance **or** received taxable Incapacity Benefit please tick the appropriate box. If you were not working **and** not getting either of these benefits, please tick the 'Not earning' box.

Date in full *for example, 28-06-99*		✓ **one** box only for each period					*If you ticked:* **Employed** – *enter your employer's full name and address, and Tax reference number (if known)* **Self-employed** – *enter your business name and address* **Jobseekers Allowance or Incapacity Benefit** – *enter the name of the Benefit Office* **Not earning** – *it helps if you can say what you were doing, for example, "abroad" or "in full time education"*	Type of job, payroll/works number and branch or site you worked at	Total weekly income (with bonuses and overtime) before stoppages **or** weekly rate of benefit
From	*To*	Employed	Self-employed	Jobseekers Allowance	Incapacity Benefit	Not earning			
		☐	☐	☐	☐	☐	*Tax reference (if known):*		£
		☐	☐	☐	☐	☐	*Tax reference (if known):*		£
		☐	☐	☐	☐	☐	*Tax reference (if known):*		£
		☐	☐	☐	☐	☐	*Tax reference (if known):*		£
		☐	☐	☐	☐	☐	*Tax reference (if known):*		£

Pensions

Please ✓ if you receive any of the following

- Pension from a previous employer ☐
  (Give your tax reference, if known)
- A state retirement pension ☐
- Any other pension ☐
  If you tick this box please state the type of pension below

Please complete in all cases

- Date of birth / /
- Is your new job your **only** job? (✓) Yes ☐ No ☐
  If **no**, give details of the other employment
  (Add tax reference if known)
- What is the amount of your weekly or monthly pay for your **current** job? £ Weekly ☐ Monthly ☐
- If you agree to us contacting you by phone to discuss any queries, please give a contact number
- Please give your title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ other

Signature

Date / /

HM Revenue & Customs

Authorising your agent

Please read the notes on the back before completing this authority. This authority allows us to exchange and disclose information about you with your agent and to deal with them on matters within the responsibility of HM Revenue & Customs (HMRC), as specified on this form. This overrides any earlier authority given to HMRC. We will hold this authority until you tell us that the details have changed.

I, *(print your name)*

of *(name of your business, company or trust if applicable)*

authorise HMRC to disclose information to

(agent's business name)

I agree that the nominated agent has agreed to act on my/our behalf, and the information is correct and complete.
The authorisation is limited to the matters shown on the right-hand side of this form.

Signature *see note 1 overleaf before signing*

Date

Give your personal details or Company registered office here

Address

Postcode

Telephone number

Give your agent's details here

Address

Postcode

Telephone number

Agent codes (SA/CT/PAYE)

Client reference

For official use only

SA	☐	/ /	COTAX	☐	/ /
NIRS	☐	/ /	EBS	☐	/ /
COP	☐	/ /	VAT	☐	/ /
NTC	☐	/ /	COP link	☐	/ /

Please tick the box(es) and provide the reference(s) requested *only* for those matters for which you want HMRC to deal with your agent.

Individual*/Partnership*/Trust* Tax Affairs ☐ * select
**delete as appropriate* (including National Insurance)

Your National Insurance number *(individuals only)*

If you are self employed tick here ☐

Unique Taxpayer Reference *(if applicable)*

If UTR not yet issued tick here ☐

If you are a Self Assessment taxpayer, we will send your Statement of Account to you, but if you would like us to send it to your agent instead, please tick here ☐

Tax Credits ☐

Your National Insurance number *(only if not entered above)*

If you have a joint Tax Credit claim and the other claimant wants HMRC to deal with this agent, they should sign here

Name

Signature

Joint claimant's National Insurance number

Corporation Tax ☐

Company Registration number

Company's Unique Taxpayer Reference

NOTE: Do not complete this section if you are an employee. Only tick the box if you are an employer operating PAYE

Employer PAYE Scheme ☐

Employer PAYE reference

VAT ☐ *(see notes 2 and 5 overleaf)*

VAT registration number

If not yet registered tick here ☐