

Please fill in this form if you want to appeal against your decision.

About you

Title - enter Mr, Mrs, Miss, Ms or other title

Surname

First name(s)

Address

Postcode

Daytime phone number (including national dialling code)

Date of birth *DD MM YYYY*

National Insurance number

Child Benefit number, *if available*

About your appeal

Which benefit is your appeal about?

Put 'X' in one box only

Child Benefit

Guardian's Allowance

What is the date of the decision at the top of your decision letter?

DD MM YYYY

About your appeal Continued

Will someone represent you at your appeal, such as a relative or Citizen's Advice?

No

Yes

If yes, please give us their details below.

Their full name

Their address

Postcode

Please sign here to authorise this person to act for you.

Have you or your partner, if you have one, also appealed against a tax credits decision?

By a partner we mean a person you are married to, or a civil partner, or a person you live with as if you are married, or a civil partner.

No

Yes

If yes, what was the date of your tax credits appeal?

DD MM YYYY

continued >>>

